Demographics of the Population Experiencing Homelessness and Receiving Publicly Funded Substance Use and Mental Health Treatment Services in Delaware

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Abstract

Objective: To determine the prevalence of clients experiencing homelessness in publicly funded substance use and mental health services in Delaware and uncover basic patterns in the demographics and service access of said clients. **Methods**: We analyzed Consumer Reporting Form data for clients admitted to publicly funded substance use and mental health treatment. All clients who were admitted to services from a publicly-funded provider and completed the CRF between 2019 and 2021 were included in this analysis (n=29,495). **Results**: 5,717 clients (19%) reported experiencing homelessness. 20% of men reported homelessness, compared to 18% of women, and 22% of Black clients reported homelessness, compared to 19% of White clients. 48% of admissions were to substance use treatment, 29% were to mental health treatment, and 23% were to treatment for both. **Conclusions**: Nearly one-fifth of clients who received publicly funded treatment between 2019 and 2021 reported experiencing homelessness, a vast overrepresentation when compared against the less than 1% of the population who was counted as homeless through the annual PIT count in Delaware. **Policy Implications**: Homelessness can be experienced across the lifespan and impacts individuals and families of all demographic makeups. Individuals are often unable to access primary care, insurance supported services, and chronic disease management teams resulting in a disproportionately high use of emergency services and departments for acute needs.

Introduction

Across the United States, the increasing prevalence of homelessness and other forms of housing insecurity present a major social justice issue. Social and economic conditions brought on during the COVID-19 pandemic have in some cases exacerbated housing issues that preceded the pandemic and have made housing less accessible and more expensive for many low-income households. Access to safe and affordable housing functions as a social determinant of health,[1] making it important to examine populations experiencing homelessness from a public health lens. Conditions of homelessness can put people at greater risk for early mortality as well as for contracting infectious and chronic diseases.[2]

Per federal requirements, at a minimum, publicly funded substance use disorder and mental health treatment services in the United States must collect admissions and discharge data from the clients they serve. In Delaware, this data is collected using the Consumer Reporting Form (CRF) and reported by providers to the Division of Substance Abuse and Mental Health (DSAMH). This state-level data is then reported and compiled as Substance Abuse and Mental Health Services Administration's (SAMHSA) Treatment Episode Data Set (TEDS).

While there has been no recent publication of Delaware-specific data regarding clients in substance use disorder (SUD) treatment who have been or are currently homeless, there has been research using national TEDS data or data specific to other states. One study of treatment data in California found that people experiencing homelessness, when compared to clients with stable housing, have lower rates of retention and successful discharge, a greater prevalence of mental health diagnoses and unemployment, and were more likely to receive residential treatment.[3] Another study, focused on national data, reported that while 12.5% of clients admitted for opioid use disorder treatment were experiencing homelessness, those who reported experiencing homelessness were less likely to receive medication-assisted treatment than clients in stable housing; those clients experiencing homelessness were also more likely to be male and admitted to a residential program.[4]

Because of the often-hidden nature of homelessness, it can be difficult to get a true measure of its prevalence across a population; as a result, groups experiencing homelessness are often understudied. The Delaware Continuum of Care (COC) is a collaborative and community-based body committed to addressing homelessness in Delaware with the goal of securing housing for all. The COC conducts a point in time (PIT) count one night a year to assess the scope of the problem of homelessness in the state. In 2022, the PIT count reported 2,369 people experiencing homelessness in Delaware, which is double the number of people experiencing homelessness measured by the 2020 PIT count just prior to the onset of the pandemic.[5] In particular, they found sharpest increases in homelessness among families with children, veterans, and Black or African American people.

While evidence suggests that people experiencing homelessness often have acute healthcare needs,[6] there has been no recent publicized data on the prevalence of homelessness among clients receiving mental health and substance use treatment in Delaware. In this brief report, authors seek to fill this gap by using data from the CRF to analyze the prevalence of homelessness among people receiving publicly funded treatment in Delaware and key demographic characteristics of this priority population.

Methods

We analyzed CRF data for clients admitted to publicly funded substance use and mental health treatment services in Delaware in 2019, 2020, and 2021. Clients are asked about the following: treatment and diagnosis (reported by clinician); substance use; medical status; employment; income; legal status; family; housing; and mental health. CRFs are completed at admission, discharge, and annually if the client remains in treatment longer than a year. The client's provider interviews each client using the form, and all questions are self-reported by the client to the provider aside from diagnoses and treatment services provided which are filled out solely by the provider. All clients who were admitted to services from a publicly funded provider and completed the CRF between 2019 and 2021 were included in this analysis (n=29,495). As a part of the CRF, clients are asked for their current residential arrangement, which includes the option

"None/Homeless," as well as whether they have been homeless in the past 30 days. There is no operational definition of homeless on the CRF; as such a client's status as homeless is determined by their own interpretation. Clients who reported past 30-day homelessness or "None/Homeless" at admission were included in the experiencing homelessness group for this analysis.

Results

Between 2019 and 2021, 29,495 unique clients were admitted to publicly funded services. Of them, 5,717 clients (19%) reported experiencing homelessness at some point in that period. Table 1 summarizes rates of experiencing homelessness by demographic categories.

Table 1. Rates of Experiencing Homelessness by Demographics

	Percentage of All Clients who Experienced Homelessness (n = 29,495)
Gender	
Men	20%
Women	18%
Race	
Black	22%
White	19%
Mixed Race	19%
Another Race	17%
Ethnicity	
Hispanic or Latino	17%
Not Hispanic or Latino	20%
Employment/Education	
Less than HS Education	24%
Employed/Student	11%
Unemployed	29%
Disabled	21%
Veteran	22%

Non-Veteran	19%

In this period, 20% of men reported homelessness, compared to 18% of women. When examining patterns of homelessness by race, 22% of Black clients reported homelessness, compared to 19% of White clients, 19% of mixed-race clients, and 17% of clients who reported another race. Hispanic or Latino clients had slightly lower rates of homelessness (17%) than clients who were not Hispanic or Latino (20%). Clients who did not complete high school experienced the highest rate (24%) of homelessness by education level. Similarly, clients who were unemployed had higher rates of experiencing homelessness (29%) than any other group, followed by clients who were disabled (21%); 11% of clients who were either employed or students at admission reported experiencing homelessness. Veterans also had higher rates of homelessness (22%) than clients who were not veterans (19%).

The rate of client homelessness varied within this period. In 2019, 19% of clients experienced homelessness at some point that year (n=14,190). In 2020, the rate increased to 20% (n=12,074). In 2021, it decreased sharply to 15% (n=13,710).

Among clients experiencing homelessness in this period, 48% of admissions were for substance use diagnoses only, 29% were for mental health diagnoses only, and 23% were for co-occurring diagnoses. Table 2 shows select comparisons between the major response categories of client demographics and services accessed for both clients who experienced homelessness and those who did not during the analysis period. Withdrawal management services are short term (1-7 day) residential programs to help clients cease substance use and monitor safe withdrawal, otherwise known as detox programs. Mental health crisis services include short term (up to 30 days) admissions to residential mental health facilities. Community support services include Assertive Community Treatment, an evidence-based practice for community-based mental health treatment, DSAMH's Community Behavioral Health Outpatient Treatment (CBHOT) Program, and case management. Outpatient includes medication for opioid use disorder (MOUD) treatment, criminal justice diversion programs for substance use, and other outpatient services. Short-term residential services include recovery housing and sober living communities, as well as residency in group homes. Long-term residential services include clients who are long-term residents of psychiatric hospitals.

Table 2. Comparison of Clients who Did or Did Not Experience Homelessness

	Percent among Clients Who Experienced Homelessness (n=5,717)	*Percent among Clients Who Did Not Experience Homelessness (n=23,778)*
Gender		
Men	61%	57%
Women	39%	43%
Race		
Black	33%	29%

White	59%	62%
Ethnicity		
Hispanic or Latino	6%	8%
Employment/Education		
Less than HS Education	29%	22%
Employed/Student	18%	36%
Unemployed	50%	29%
Veteran	6%	5%
Service Access		
Withdrawal Management	26%	11%
Mental Health Crisis Services	8%	12%
Community Support Services	45%	44%
Outpatient Treatment	10%	16%
Short Term Residential Treatment	7%	2%
Long Term Residential Treatment	10%	19%

As the table illustrates, men were represented at a slightly higher rate among those who experienced homeless compared to those who did not (61% to 57%, respectively). Black clients were more represented among clients who experienced homelessness as well (33% compared to 29%), while the opposite was true for White clients (59% compared to 62%). A much larger percentage of clients experiencing homelessness were unemployed (50%) than that of clients who were not (29%).

Clients who experienced homelessness accessed withdrawal management services at a higher rate than clients who did not (26% compared to 11%), as well as short term residential treatment (7% compared to 2%).

Discussion

Nearly one-fifth of clients who received publicly funded treatment between 2019 and 2021 reported experiencing homelessness. There is no official population level estimate for

homelessness in among Delawareans during this time period. The closest approximation comes from the annual PIT count, which estimates homelessness from a single night. The 2019, 2020, and 2021 PIT counts in Delaware suggested that on a given night, between 921 and 1,579 people were currently experiencing homelessness, which represents less than 1% of the population of Delaware. While point-in-time counts from a single night are not directly comparable to a measure of homelessness over the past 30 days, these data do suggest that people experiencing homelessness may be overrepresented among DSAMH clients receiving SUD and mental health services.

When comparing treatment modalities, homelessness was more prevalent among clients admitted to substance use treatment as opposed to mental health treatment. People experiencing homelessness and people with substance use disorders are both highly stigmatized groups; when studying the intersections of these populations it is important to acknowledge that people experiencing homelessness are not typically homeless solely because of their substance use. Because of these dual stigmas associated with homelessness and substance use disorders, people experiencing homelessness who also struggle with substance use face additional barriers in accessing evidence-based health care.[7] This underscores the importance of examining the demographic characteristics of this population in DSAMH services and that are more likely to serve people experiencing homelessness. Withdrawal management and short-term residential care were both identified in this data as modalities that serve a higher proportion of homeless or housing insecure clients.

There was also a substantial difference in employment status among clients who reported homelessness compared to clients who were stably housed, with approximately half of homeless or housing insecure clients reporting unemployment. This suggests a strong need for workforce development programming for these clients, as well as investment in job opportunities paying a living wage.

The overall rate of homelessness among the DSAMH treatment population varied over the course of the years of available data. The rate increased from 2019 to 2020, but then decreased in 2021. While extant data sources suggest an increase in the prevalence of homelessness and housing insecurity over this time period of time in Delaware[5,8] these trends are not clearly reflected in our data. Given facility closures and gaps in CRF administration, it is still difficult to fully account for the impact that the pandemic may have had on both patterns in treatment enrollment and in data collection protocols across locations. In the final section of this paper we outline general public health implications for studying this population and possible future research agendas to continue the work that started here.

Public Health Implications

Homelessness and behavioral health conditions are public health priorities that intersect when individuals need, seek, access, receive, and maintain treatment engagement. Homelessness can be experienced across the lifespan and impacts individuals and families of all demographic makeups. Though, as shown in this analysis, some are disproportionately impacted. As the rate of experiencing homelessness among DSAMH clients is higher than that of the general population, providers should consider these patterns when assessing the service needs of new clients. Further, individuals experiencing homelessness are at higher risk of morbidity and mortality from a number of causes, especially overdose.[9] The reality of homelessness means that individuals are often unable to access and maintain care through primary care providers,

insurance-supported services, and chronic disease management teams resulting in disproportionately high use of emergency services and departments for acute needs, including overdose and poisonings.[6] As such, substance use and mental health treatment services for individuals experiencing homelessness is a public health opportunity and responsibility. In this context, the overall rate of clients experiencing homelessness found here demonstrates that, at a minimum, clients who are experiencing homelessness are successfully connecting with services. It is vital that as a part of a client's substance use or mental health treatment, they also receive support and connection to services related to their overall wellbeing; this includes connection to housing-related services for clients who need them.

As this paper is exploratory in nature and presents just a beginning to understanding this data, it is beyond our scope at this time to definitively make claims about the precise ways the pandemic may have influenced the population experiencing homelessness and receiving treatment services; while our analysis focuses on that time period, further contextualization is needed around Federal, State, community and provider level efforts related to homelessness that may have affected service access. Future research aimed at advancing the wellbeing of clients experiencing homelessness may examine admission and discharge trends in 2020 and beyond as more data is collected, paying close attention to differences in the type of treatment accessed and how that aligns with client needs. While this paper only looked at admissions over three years in aggregate, future research should also seek to examine client-level characteristics over time. It will also be important to identify associations between demographic categories, such as race and gender, and treatment services in the client population experiencing homelessness. The brief report focused only on introducing these categories with the purpose of establishing baseline prevalence rates, but an extended analysis should examine more precise interactions between these terms. Given the demonstrated prevalence of homelessness in the client population served by DSAMH treatment, it is worthwhile to continue to consider the ways that these treatment services can be better tailored to meet the needs of clients experiencing homelessness to improve both the quality of treatment they receive and their health outcomes post-treatment.

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