Ohio Housing Finance Agency

Homelessness and Behavioral Health

Ben Jordan

Housing Finance Agency

Background

The US Department of Housing and Urban Development (HUD) requires Continuums of Care (CoCs) across the country to plan and coordinate homelessness services and funding. The HUD Appropriations Act 2001 began the development of the Homeless Management Information System (HMIS) to standardize data collection on individuals using homelessness services. In 2016, HMIS data from all 9 CoCs in Ohio was gathered under the Ohio Human Services Data Warehouse (OHSDW), and in 2020, data from the Ohio Department of Mental Health and Addiction Services (now Ohio Department of Behavioral Health) was matched with the HMIS data. This data can be used to view the connection between homelessness and behavioral health, the most studied causal factor of homelessness (Dagsoy et. al., 2025).

Data

The Ohio Human Services Data Warehouse provided all data for this project. The data is at the individual level. Non-identifiable HMIS data is available including fields like gender, programs accessed, and veteran status. ODBH data is included for the intersection of individuals who accessed a CoC's services and had a claim recorded in the ODBH system. The data consists of claim counts in various diagnosis groups. Along with an individual's total claim count, this allows us to see for example how many claims an individual had with a diagnosis code related to a substance use disorder. Each individual in this dataset can be referred to as a client. All data is filtered to ages 18+.

Objectives

- Understand the connection between individuals accessing homelessness services and behavioral health services
- Identify any trends and patterns in behavioral health among this population

Overview

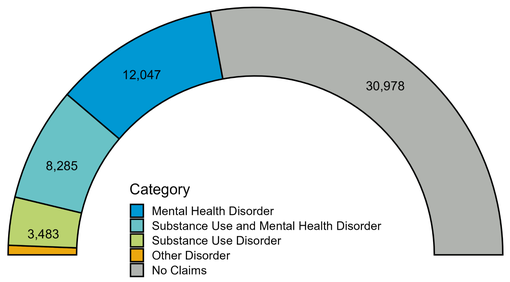
In 2018, 76,478 people accessed a service provided by a CoC in Ohio. 55,480 were 18 or older. Among that population, 24,502 had at least one claim in the ODBH system. This equates to 44.16% of clients.

20,332 had at least one claim related to a mental health disorder, which is **36.65%** of the population. The National Survey on Drug Use and Health (NSDUH) estimated that in 2018, the percentage of adults 18 or older in Ohio who received any mental health services during the past 12 months was **18.32%** (U.S. Department of Health and Humans Services, 2019).

11,768 clients 18 or older had at least one claim related to a substance use disorder, which is 21.21% of the population.

The following chart shows counts of clients with claims related to mental health or substance use disorders, as well as the count of clients with no claims.

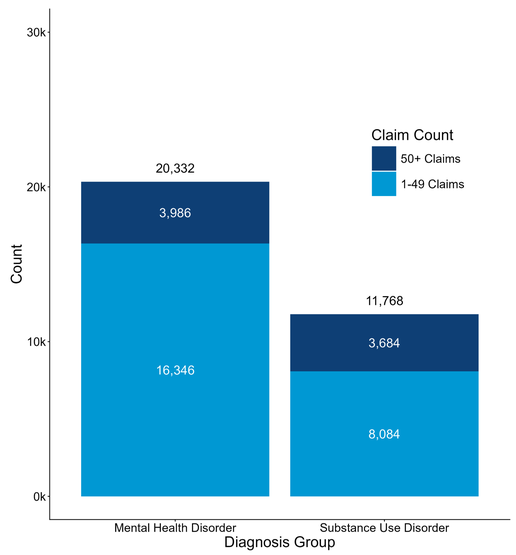
2018 Count of Clients With Claims



Claim Counts for Mental Health and Substance Use Disorders

Claim counts for these two groups of disorders can be high for some individuals. About 10% of clients have at least 50 total claims, and 3% have at least 200 total claims. This chart shows the number of clients with 50 or more claims and 1-49 claims per diagnosis group.

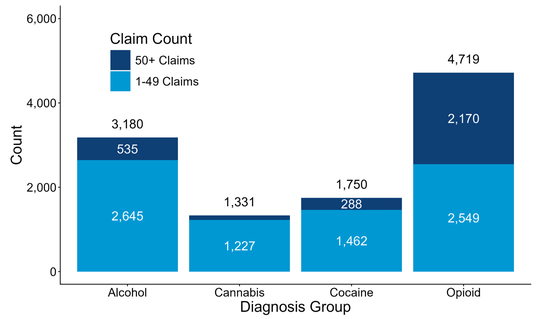
2018 Count of Clients With Claims Related to MHD & SUD



Substance Use Disorder Related Claims

This chart breaks down the count of clients with 1-49 or 50+ claims related to the four most common substances. In 2018, opioid related disorders were by far the most common.

2018 Count of Clients With Claims Related to Substances

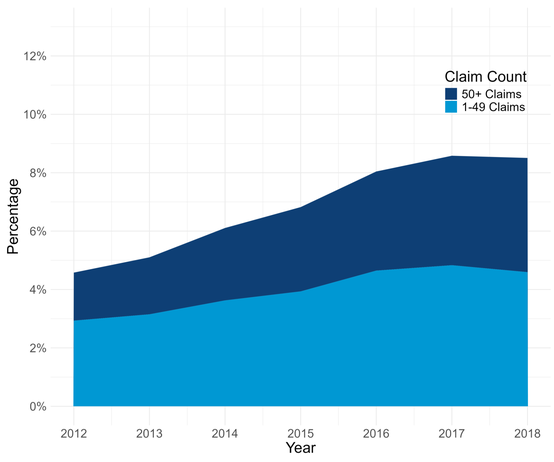


The Opioid Crisis in Data

The use of opioids in Ohio rose significantly from the early to the late 2010s. We can see this trend in this dataset. In 2012, 1,968 individuals had claims related to opioid related disorders, which was less than the count of individuals with claims related to alcohol use disorders. In 2018, the picture is much different, with 4,719 clients submitting claims related to opioid related disorders.

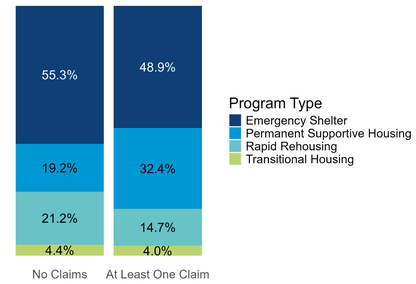
The change in proportion of clients with claims related to opioid use from 2012-2018 is visualized below.

Percent of Clients With Claims Related to Opioid Use



Program Type

2018 Percent of Clients By Program Type



Permanent Supportive Housing is more common, and Rapid Rehousing is less common among individuals who have at least one claim.

Limitations

One limitation of this analysis is that the population is not comprehensive of all people experiencing homelessness in Ohio. The HMIS dataset is every individual who used a homelessness service in Ohio, which can miss people experiencing homelessness who do not use these services. Similarly, the behavioral health data is not comprehensive of all clients using behavioral health services. ODBH data includes clients using Medicaid or services managed by an ADAMH Board, missing anyone paying out of pocket, using private insurance, and individuals using Veteran's Affairs, as well as most Medicare patients.

Conclusion

In this analysis, we see that at least 44.16% of CoC clients 18 or older in Ohio received behavioral health services in 2018. In addition, we can see that from 2012 through 2018, many more clients had claims related to opioid use. This analysis puts numbers to a well studied relationship between behavioral health and homelessness. Moving forward, this data match should continue to be used to monitor this trend, and to identify any other emerging trends to inform services for these individuals.

Bibliography

Dagsoy, Rumeysa, and Ali Abbas. 2025. "Examining Trends in Homelessness Research: A Literature Review."Sociology Compass: e70098. https://doi.org/10.1111/soc4.70098.

Substance Abuse and Mental Health Services Administration. 2019. 2017-2018 National Survey on Drug Use and Health: Model-based prevalence estimates (50 states and the District of Columbia). U.S. Department of Health and Human Services.

Ohio Housing Finance Agency, 2020, Ohio Human Services Data Warehouse

Acknowledgements

OHFA: Chelsea Buckwalter, Devin Keithley and Ian Grapes

OERC: Joshua Hawley, Sean Franco and Katie Jennings

ODBH: Laura Potts

Fellow Interns: Jiwon Son, Bardaan Dhesi and Cassie Yuan

THE OHIO STATE UNIVERSITY