



## Identifying Homeless and Unstably Housed DSHS Clients in Multiple Service Systems

### STATE FISCAL YEAR 2010

Melissa Ford Shah, MPP • Callie Black, MPH • Barbara Felver, MPA, MES

Report prepared for the Washington State Department of Commerce, Community Services and Housing Division, Tedd Kelleher and Mary Schwartz

AS PART OF AN ONGOING COLLABORATION between the DSHS Research and Data Analysis Division (RDA) and the Department of Commerce, we developed an indicator of homelessness that uses data from five different information systems. Previously, the main indicator used to identify homelessness among DSHS clients has come from the Automated Client Eligibility System (ACES), which is used to determine eligibility for public assistance programs. Using the new indicator, based on data from ACES and four other sources, we identify an additional 39,267 (or 27 percent more) homeless DSHS clients in State Fiscal Year (SFY) 2010.

A more comprehensive indicator of homelessness serves two primary purposes: 1) it improves our understanding of the number and proportion of DSHS clients who face housing issues, as well as their risk factors and service needs, and 2) going forward, it improves our ability to evaluate housing assistance programs, because we are better able to construct statistically well-matched comparison groups of individuals with similar histories of identified homelessness.

This report summarizes findings from an analysis that uses a combined indicator of homelessness based on administrative data from multiple systems and that seeks to answer the following two questions:

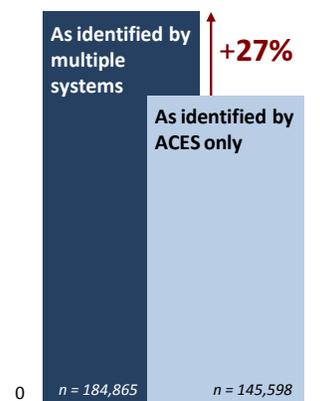
1. Where do we identify homeless DSHS clients—and how many do we identify—when we use records from multiple service systems?
2. How are homeless clients different from other DSHS clients?

### Key Findings

We find that leveraging data from multiple service systems improves our ability to identify homeless DSHS clients. We also find that homeless clients are more likely than clients in the overall DSHS client population to:

- Be African American and Native American,
- Live in high density urban areas,
- Have mental illness and substance abuse problems,
- Receive medical treatment for injuries, and
- Receive cash and/or food assistance.

Identified Homelessness among SFY 2010 DSHS Clients  
Total n = 1,946,302, All Ages<sup>1</sup>



<sup>1</sup> We exclude individuals from the SFY 2010 DSHS client population if their only involvement with DSHS pertained to child support enforcement or if their age was missing.

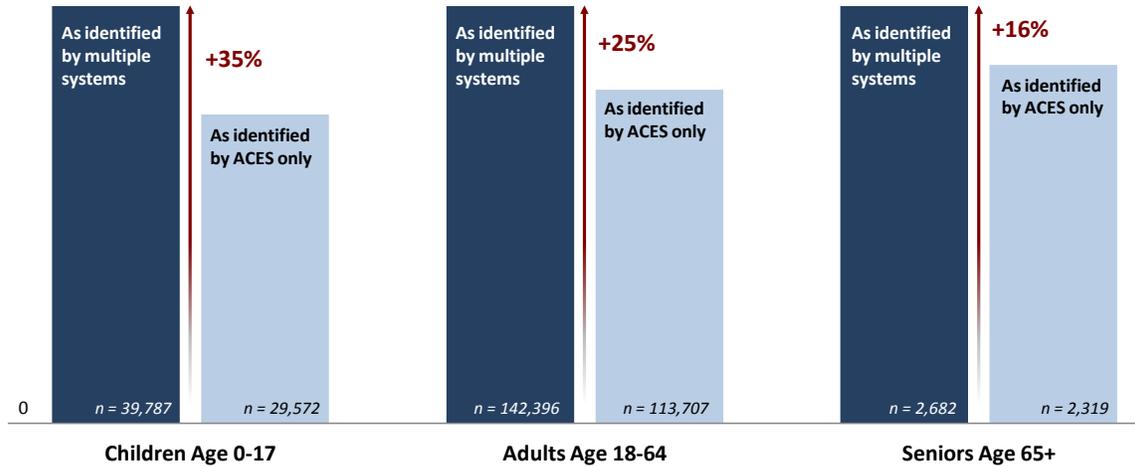


# Q1. Where do we identify homeless DSHS clients in service records?

## IDENTIFYING HOMELESS DSHS CLIENTS | Using Data from Multiple Service Systems

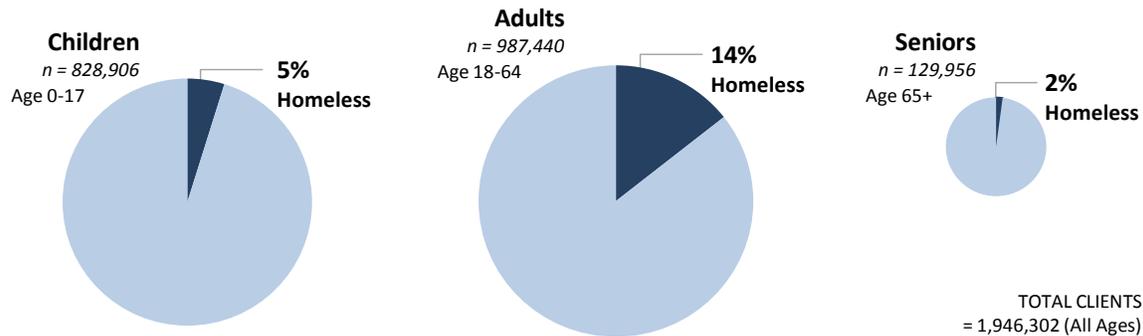
Using an indicator of homelessness that pulls together data from five different service systems, we find more individuals identified as homeless compared to the number identified using only ACES (35 percent more children, 25 percent more working-age adults, and 16 percent more seniors).

**Additional Homeless DSHS Clients Identified Using Data from Multiple Systems**



We find that among DSHS clients, 5 percent of children ( $n = 39,787$ ), 14 percent of working-age adults ( $n = 142,396$ ), and 2 percent of seniors ( $n = 2,682$ ) were homeless in SFY 2010.

**Homelessness among DSHS Clients by Age Group**



It is important to note that although we refer to clients flagged with the combined indicator as homeless in this report, some specific components of the indicator may be more indicative of housing instability or risk of homelessness than of actual homelessness (such as, “homeless with housing” in ACES or receipt of Homelessness Prevention services in HMIS.)<sup>2</sup> More details on the specific data fields included in the indicator can be found on page 8.

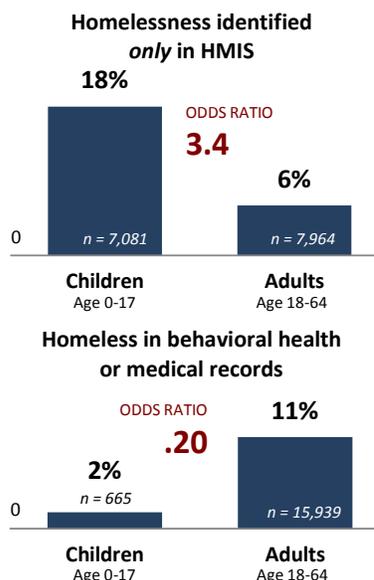
<sup>2</sup> According to state statute, the Department of Commerce is required to conduct an annual count of homeless persons (see <http://www.commerce.wa.gov/site/1064/default.aspx>). For that purpose, a homeless person is defined more narrowly to include individuals “living outside or in a building not meant for human habitation or which they have no legal right to occupy, in an emergency shelter, or in a temporary housing program which may include a transitional and supportive housing program if habitation time limits exist” (RCW 43.185C.010(9)).

## DATA SOURCES | Social, housing, medical, and behavioral health service systems

The combined indicator flags a DSHS client if he or she had an indication of homelessness in any of the following data systems in SFY 2010: 1) the Automated Client Eligibility System (ACES), 2) the Homeless Management Information System (HMIS), 3) ProviderOne, 4) the Treatment and Assessment Report Generation Tool (TARGET), or 5) the Mental Health Consumer Information System (CIS). *Please see the technical notes on page 8 for more detail on these data sources and the specific data elements included.*

The table below shows that the vast majority of homeless DSHS clients were identified by only one data source and that was typically ACES. However, it is also clear there is added value to using an indicator that combines information on housing status from multiple systems.

Sources of Identified Homelessness	DSHS Children AGE 0-17		DSHS Adults AGE 18-64		DSHS Seniors AGE 65+	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
Automated Client Eligibility System (ACES) only	29,572	74%	113,707	80%	2,319	86%
Homeless Management Information System (HMIS) only	7,081	18%	7,964	6%	144	5%
Mental health treatment records (CIS) only	229	1%	1,392	1%	49	2%
Chemical dependency assessment records (TARGET) only	78	0%	2,022	1%	10	0%
Medical records (ProviderOne) only	37	0%	673	0%	35	1%
<b>TOTAL Identified Through Only 1 Source</b>	<b>36,997</b>	<b>93%</b>	<b>125,758</b>	<b>88%</b>	<b>2,557</b>	<b>95%</b>
ACES + HMIS	2,477	6%	6,218	4%	72	3%
ACES + mental health records	138	0%	1,765	1%	9	0%
ACES + chemical dependency records	18	0%	4,248	3%	2	0%
ACES + medical records	14	0%	1,013	1%	15	1%
Mental health + chemical dependency records	0	0%	58	0%	1	0%
Mental health + medical records	0	0%	57	0%	0	0%
Mental health + HMIS records	48	0%	190	0%	0	0%
Chemical dependency + medical records	0	0%	70	0%	0	0%
Chemical dependency + HMIS records	13	0%	153	0%	0	0%
HMIS + medical records	2	0%	130	0%	5	0%
<b>TOTAL Identified Through 2 Sources</b>	<b>2,710</b>	<b>7%</b>	<b>13,902</b>	<b>10%</b>	<b>104</b>	<b>4%</b>
<b>TOTAL Identified Through 3 or More Sources</b>	<b>80</b>	<b>0%</b>	<b>2,736</b>	<b>2%</b>	<b>21</b>	<b>1%</b>
<b>ANY HOMELESSNESS</b>	<b>39,787</b>	<b>100%</b>	<b>142,396</b>	<b>100%</b>	<b>2,682</b>	<b>100%</b>



**Children were three times more likely than adults to have homelessness identified only through receipt of housing assistance.** While 18 percent of homeless DSHS children were identified only through HMIS, 6 percent of homeless adults were identified only through that system (odds ratio = 3.4). Among the 7,081 children identified only through HMIS, 93 percent (6,571) received Basic Food, 99 percent (6,984) had medical assistance, and 58 percent (4,106) received TANF in SFY 2010. Possible explanations for why these children were not recorded as homeless in ACES are that 1) they were stably housed at the time of eligibility (re)determination, or 2) the head of household did not report housing instability to the financial eligibility worker.

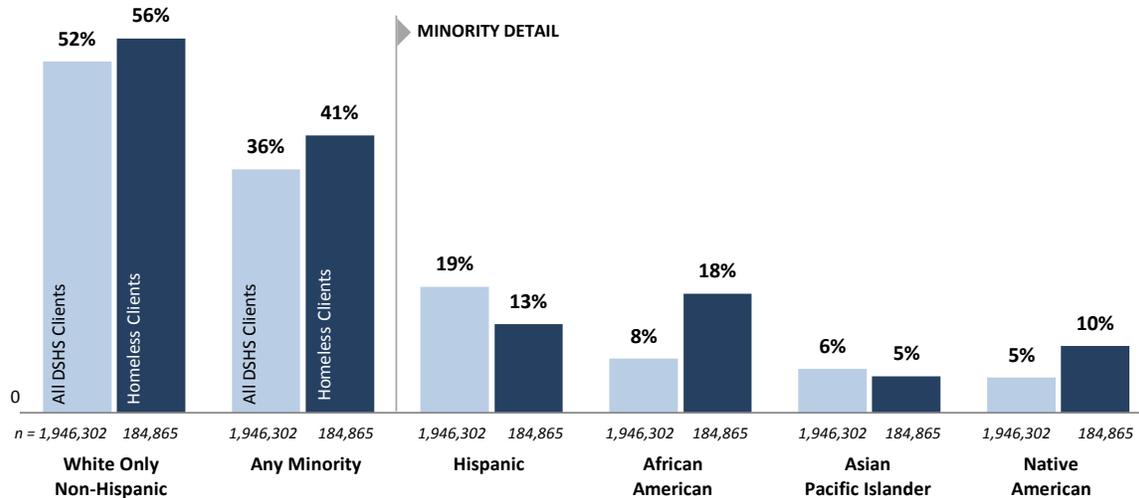
**Children were 80 percent less likely than adults to have homelessness identified through behavioral health and medical records (alone or in combination with other data sources).** While 2 percent of homeless DSHS children were identified as homeless in behavioral health or medical records, 11 percent of homeless working-age adults were identified that way (odds ratio = .20).

## Q2. How are homeless clients different from other DSHS clients?

### RACE/ETHNICITY | Homeless clients more likely to be Black and Native American

Slightly over half of both the overall DSHS client population and the subset who were homeless identified their race only as white, non-Hispanic in SFY 2010. Since homeless clients were less likely than the overall DSHS population to have missing data on race, they were more likely to appear in both the white only, non-Hispanic category *and* to be classified as a racial or ethnic minority.<sup>3</sup> Homeless clients were disproportionately more likely than clients in the overall DSHS population to be African American (18 percent compared to 8 percent) and Native American (10 percent compared to 5 percent).

All SFY 2010 DSHS Clients Compared to Homeless DSHS Clients (All Ages)

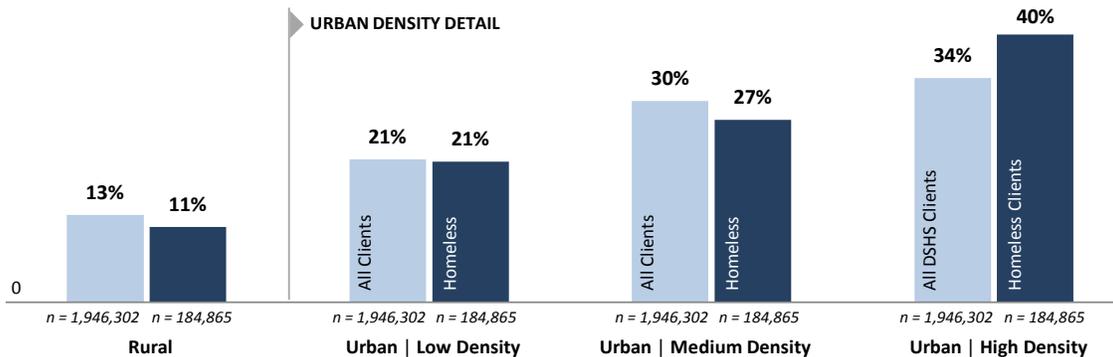


**CHART READS:** “8% of the overall DSHS population is African American. Among DSHS clients with a homeless indicator, 18% are African American.” All comparisons are statistically significant at  $p \leq .0001$ .

### GEOGRAPHY | Homeless clients more likely to live in high density urban areas

The vast majority of all DSHS clients lived in urban areas in SFY 2010.<sup>4</sup> However, homeless clients were disproportionately more likely to live in high density urban areas compared to the overall DSHS client population (40 percent compared to 34 percent).

All SFY 2010 DSHS Clients Compared to Homeless DSHS Clients (All Ages)



**CHART READS:** “34% of the overall DSHS population lived in a high density urban area. Among DSHS clients with a homeless indicator, 40% lived in high density urban areas.” All comparisons are statistically significant at  $p \leq .0001$ .

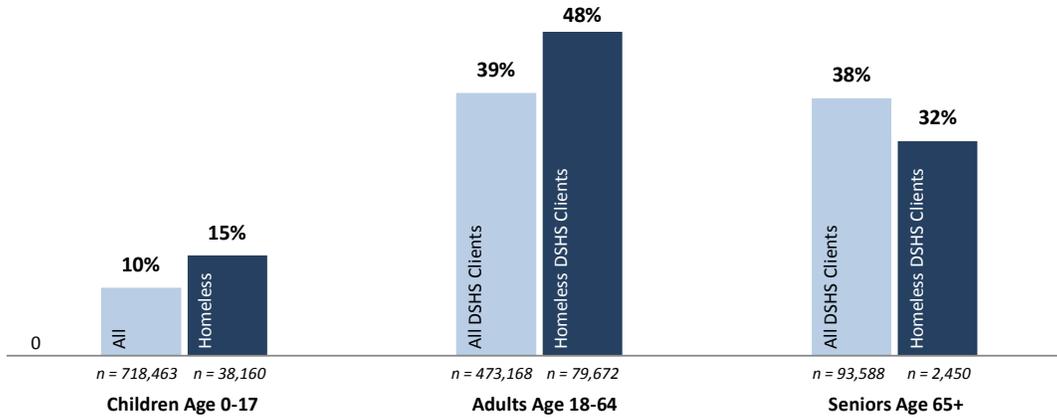
<sup>3</sup> For approximately 11 percent (218,330) of all DSHS clients and 5 percent (9,026) of homeless DSHS clients, race was missing. Also, note that individuals can appear in more than one racial or ethnic minority category.

<sup>4</sup> Using 2000 U.S. Census data, a measure was constructed based on the percent of each county’s population residing in an urbanized area. Clients were assigned to a category based on their county of residence. Note that 37,894 (2 percent) of all DSHS clients and 503 (less than 1 percent) of homeless DSHS clients were missing data on county of residence in SFY 2010 and therefore not assigned to one of the four categories.

## MENTAL ILLNESS | Homeless children and adults have more mental health problems

Mental illness was defined to include anyone who had one or more of the following: 1) a diagnosis of psychosis or bipolar/mania disorder, depression, anxiety, adjustment, ADHD, conduct or impulse disorder, 2) receipt of antipsychotic, anti-mania/bipolar, antidepressant, anti-anxiety, or ADHD medications, or 3) receipt of mental health services through the DSHS Division of Behavioral Health and Recovery or Behavioral Rehabilitation Services provided through the DSHS Children’s Administration. Only clients who had at least one month of medical coverage in SFY 2010 were included in the analysis. Compared to DSHS clients overall, homeless children and adults were significantly more likely to have an indication of a mental health problem.

All SFY 2010 DSHS Clients Compared to Homeless DSHS Clients, by Age Group

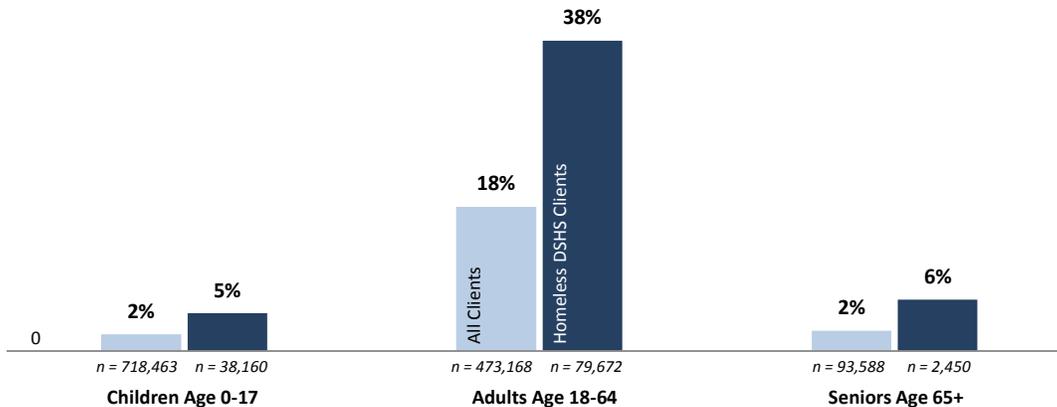


**CHART READS:** “10% of children who were DSHS clients in SFY 2010 had an indication of mental illness. Among homeless DSHS children, 15% had an indication of mental illness.” All comparisons are statistically significant at  $p \leq .0001$ .

## SUBSTANCE ABUSE | Homeless clients have higher rates of substance abuse problems

We considered an individual to have a probable alcohol or other drug (AOD) problem if any of the following were present in SFY 2010: 1) any AOD-related medical diagnoses or pharmacy claims, 2) receipt of AOD treatment, 3) use of detoxification services, or 4) drug- or alcohol-related arrests. Only clients who had at least one month of medical coverage in SFY 2010 were included in the analysis. Alcohol and drug problems were found to be much more prevalent among homeless DSHS clients relative to DSHS clients overall. Homeless children and working-age adults were each about twice as likely to have a likely substance abuse problem, and homeless seniors were three times as likely to have this problem.

All SFY 2010 DSHS Clients Compared to Homeless DSHS Clients, by Age Group

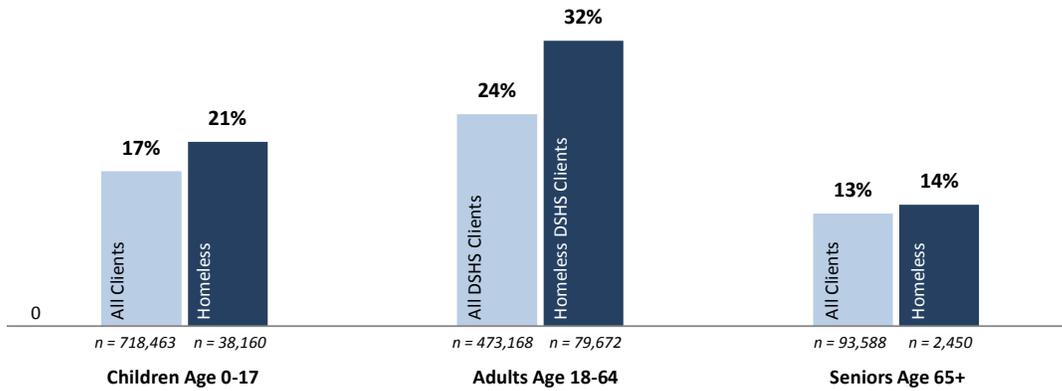


**CHART READS:** “18% of working-age adults who were DSHS clients in SFY 2010 had an indication of a substance abuse problem. Among DSHS adults who were homeless, 38% had a substance abuse problem.” All comparisons are statistically significant at  $p \leq .0001$ .

## INJURIES | Homeless clients more likely to be treated for injuries

Among the subset of DSHS clients who had at least one month of medical eligibility in SFY 2010, homeless DSHS children and adults were more likely to have been treated for an injury. Treatment for injuries is sometimes considered an important risk factor due to its tendency to be associated with other issues, such as child abuse, domestic violence, and substance abuse problems.

All SFY 2010 DSHS Clients Compared to Homeless DSHS Clients, by Age Group

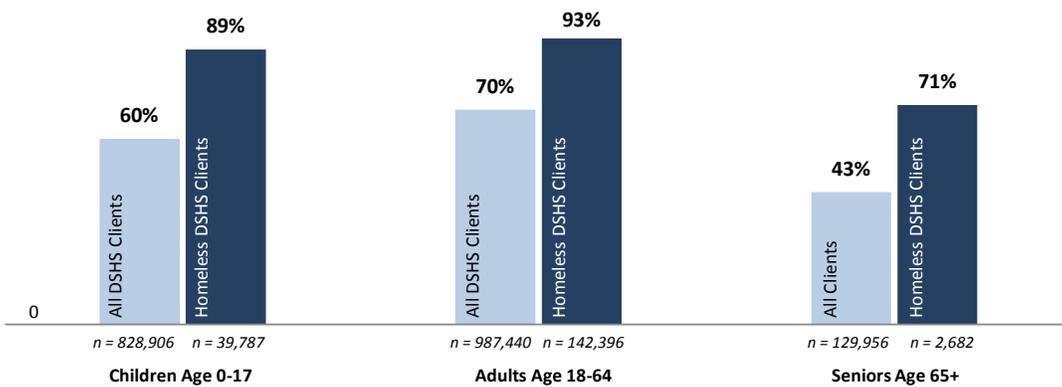


**CHART READS:** "24% of adults who were DSHS clients in SFY 2010 and had at least one month of medical coverage were treated for an injury. Among homeless DSHS adults, 32% were treated for an injury." *Child and adult comparisons are statistically significant at  $p \leq .0001$ .*

## BASIC FOOD | Homeless clients more likely to receive Basic Food assistance

The federally funded Basic Food program is intended to ensure that low-income families do not go hungry. Across all three age groups, homeless DSHS clients were significantly more likely than DSHS clients overall to receive Basic Food assistance.

All SFY 2010 DSHS Clients Compared to Homeless DSHS Clients, by Age Group

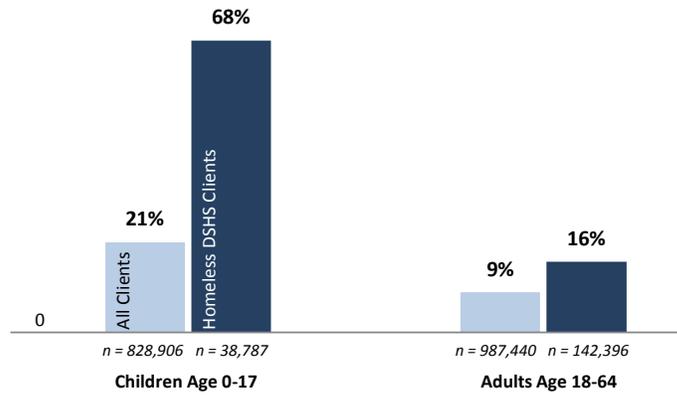


**CHART READS:** "60% of children who were DSHS clients in SFY 2010 received Basic Food. Among DSHS children with a homeless indicator, 89% received Basic Food." *All comparisons significant at  $p \leq .0001$ .*

## TANF | Homeless children and adults more likely to receive TANF

The Temporary Assistance for Needy Families (TANF) program provides cash assistance to low-income families and aids parents in gaining employment and achieving economic self-sufficiency. Homeless DSHS clients—and especially children—were substantially more likely to receive TANF in SFY 2010. Whereas 21 percent of all DSHS children received TANF, 68 percent of homeless DSHS children received TANF.

All SFY 2010 DSHS Clients Compared to Homeless DSHS Clients, by Age Group

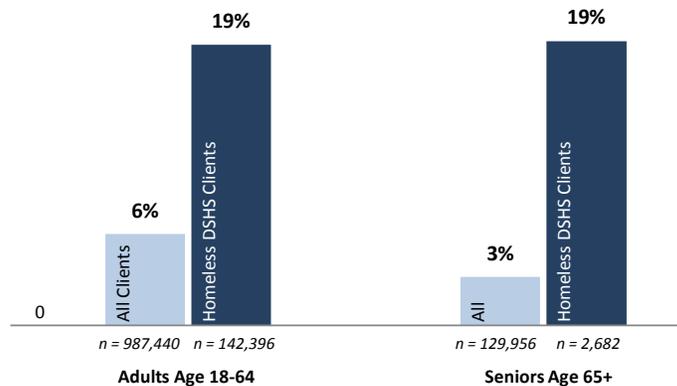


**CHART READS:** “21% of children who were DSHS clients in SFY 2010 received TANF. Among the subset of DSHS children with an indication of homelessness, 68% received TANF.” Both comparisons are statistically significant at  $p \leq .0001$ .

## DISABILITY LIFELINE | Homeless adults and seniors more likely to qualify for assistance due to physical or mental incapacity

The former Disability Lifeline (DL) program was a state-funded program that provided cash assistance and medical benefits to adults without dependents who were physically or mentally incapacitated and expected to be unemployable for more than 90 days from the date of application.<sup>5</sup> In SFY 2010, homeless working-age adults and seniors were much more likely than adults and seniors in the overall DSHS client population to receive assistance through the DL program. For this analysis, DL includes the DL-Unemployable (DL-U), DL-Expedited Medicaid (DL-X), and DL-Aged, Blind, and Disabled programs.

All SFY 2010 DSHS Clients Compared to Homeless DSHS Clients, by Age Group



**CHART READS:** “6% of working-age adults who were DSHS clients in SFY 2010 received Disability Lifeline. Among DSHS adults with an indication of homelessness, 19% percent received Disability Lifeline.” Both comparisons are statistically significant at  $p \leq .0001$ .

<sup>5</sup> Effective November 1, 2011, the cash grant portion of the Disability Lifeline program was eliminated and replaced with the Housing and Essential Needs program.

**DATA SOURCES USED TO IDENTIFY HOMELESSNESS**

The five data systems listed below were used to create a single indicator of homelessness. DSHS clients were flagged as homeless in SFY 2010 if they were recorded as having any of the living arrangements listed under “data fields” in any of these five data systems.

**1. DSHS Automated Client Eligibility System (ACES)**

- **DATA SYSTEM:** The DSHS Economic Services Administration (ESA)’s Automated Client Eligibility System (ACES) is used by caseworkers to record information about client’s self-reported living arrangements and shelter expenses when determining eligibility for cash and food assistance.
- **DATA FIELDS:** Living arrangement coded as homeless without housing (e.g., living on the street), homeless with housing (e.g., living temporarily with friends or “couch surfing”), battered spouse shelter, emergency housing shelter, or inappropriate living situation without housing and/or client was recorded as paying “nominal rent” or as homeless without housing under shelter expenses.

**2. Receipt of housing assistance for homeless individuals or those at risk of becoming homeless**

- **DATA SYSTEM:** The statewide Homeless Management Information System (HMIS), managed by the Washington State Department of Commerce, collects information on housing assistance provided by local housing providers.
- **DATA FIELDS:** Receipt of Emergency Shelter, Transitional Housing, or Homelessness Prevention and Rapid Re-Housing (HPRR) services.

**3. Chemical dependency assessment records**

- **DATA SYSTEM:** the DSHS Division of Behavioral Health and Recovery (DBHR)’s Treatment and Assessment Report Generation Tool (TARGET) records clients’ primary residence at the time of assessment.
- **DATA FIELDS:** Residency coded as drug-free shared housing/transitional housing, homeless shelter/mission, on the street (i.e., sleeping on the street or in places such as abandoned buildings, automobiles, parks, or other public areas), transient quarters (i.e., quarters designed for temporary occupancy), or no stable arrangement (i.e., living in a series of temporary places, typically with family or friends, in which there is no permanent residence).

**4. Mental health treatment records**

- **DATA SYSTEM:** The DSHS Division of Behavioral Health and Recovery (DBHR)’s Mental Health Consumer Information System (CIS) records information on living situation for consumers receiving publicly funded mental health services.
- **DATA FIELD:** Living situation coded as homeless/shelter, meaning there is no permanent place of residence. More specifically, a person lacks a fixed, regular, and adequate nighttime residence and/or the primary nighttime residency is: 1) a shelter designed to provide temporary living accommodations, 2) an institution that provides a temporary residence for individuals intended to be institutionalized, or 3) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings (e.g., on the street).

**5. Medical records**

- **DATA SYSTEM:** The Health Care Authority’s ProviderOne system contains information on reimbursed Medicaid claims made by providers for treatment provided to Medicaid patients.
- **DATA FIELDS:** Using the International Statistical Classification of Diseases and Related Health Problems (ICD-9), diagnoses coded as V60.0, Lack of housing (homeless), V60.2, Inadequate material resources (medically underserved, low-income populations), or V60.6, Person living in residential institution (correctional institutions, nursing homes, mental institutions, other long-term residential facilities, homeless shelters).

CONTACTS

**Department of Commerce**  
Mary Schwartz • 360.725.2982

**Department of Social and Health Services**  
Melissa Ford Shah, MPP • 360.902.0760

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## APPENDIX: Technical Tables

### Demographics, Geography, and Selected Indicators of Risk and Service Use by Age Group

ALL AGES	DSHS TOTAL ALL AGES		Homeless DSHS Clients ALL AGES		p-value
	NUMBER	PERCENT	NUMBER	PERCENT	
<b>Age (mean)</b>	1,946,302	26.70	184,865	28.69	<.0001
<b>GENDER</b>					
Female	1,048,680	53.88	82,029	44.37	<.0001
Male	895,603	46.02	102,832	55.63	<.0001
<b>RACE/ETHNICITY</b>					
Missing Race	218,330	11.22	9,026	4.88	<.0001
White only	1,020,779	52.45	100,050	55.91	<.0001
Any minority	707,193	36.34	75,789	41.44	<.0001
Hispanic	366,232	18.82	24,466	13.23	<.0001
African American	157,487	8.09	31,704	17.78	<.0001
Asian/Pacific Islander	126,340	6.49	9,711	5.45	<.0001
Native American	101,527	5.22	17,804	9.99	<.0001
<b>GEOGRAPHIC LOCATION</b>					
Rural	254,139	13.06	20,887	11.30	<.0001
Urban - Low density	415,373	21.34	38,876	21.03	<.0001
Urban - Medium density	585,640	30.09	50,452	27.29	<.0001
Urban - High density	653,256	33.56	74,147	40.11	<.0001
<b>MEDICAL/BEHAVIORAL HEALTH<sup>6</sup></b>					
Medicaid Eligibility (mean months)	1,285,219	9.71	120,282	8.86	<.0001
Need for Alcohol or Other Drug (AOD) Treatment	100,114	7.79	32,095	26.68	<.0001
Diagnosis of Psychosis or Bipolar/Mania Disorder	57,480	4.47	11,221	9.33	<.0001
Diagnosis of Depression	96,715	7.53	19,395	16.12	<.0001
Medical encounter to treat an injury	249,846	19.44	33,817	28.11	<.0001
Chronic disease risk score at or above average SSI recipient	119,469	9.30	15,317	12.73	<.0001
Any mental illness	293,841	22.86	44,881	37.31	<.0001
<b>SOCIAL SERVICE UTILIZATION</b>					
Basic Food	1,239,355	63.68	169,124	91.49	<.0001
Temporary Assistance for Needy Families	266,520	13.69	50,344	27.23	<.0001
Disability Lifeline	65,093	3.34	27,504	14.88	<.0001
<b>TOTAL</b>	<b>1,946,302</b>	<b>100%</b>	<b>184,865</b>	<b>100%</b>	

<sup>6</sup> All medical and behavioral health measures are restricted to clients who had at least one month of medical coverage in SFY 2010.

CHILDREN	DSHS TOTAL ALL AGE 0-17		Homeless DSHS Clients ALL AGE 0-17		p-value
	NUMBER	PERCENT	NUMBER	PERCENT	
Age (mean)	828,906	7.68	39,787	7.31	<.0001
<b>GENDER</b>					
Female	406,983	49.10	19,928	50.09	<.0001
Male	421,666	50.87	19,859	49.91	<.0001
<b>RACE/ETHNICITY</b>					
Missing Race	125,694	15.16	3,712	9.33	<.0001
White only	349,036	42.11	16,204	43.55	<.0001
Any minority	354,176	42.73	19,871	50.98	<.0001
Hispanic	220,547	26.61	9,325	23.44	<.0001
African American	66,079	7.97	7,119	19.31	<.0001
Asian/Pacific Islander	50,726	6.12	2,185	5.93	<.0001
Native American	39,830	4.81	3,592	9.74	<.0001
<b>GEOGRAPHIC LOCATION</b>					
Rural	109,266	13.18	5,200	13.07	<.0001
Urban - Low density	192,192	23.19	9,277	23.32	0.005
Urban - Medium density	247,955	29.91	10,634	26.73	<.0001
Urban - High density	270,490	32.63	14,622	36.75	<.0001
<b>MEDICAL/BEHAVIORAL HEALTH</b>					
Medicaid Eligibility (mean months)	718,463	10.32	38,160	10.17	<.0001
Need for Alcohol or Other Drug (AOD) Treatment	14,495	2.02	1,743	4.57	<.0001
Diagnosis of Psychosis or Bipolar/Mania Disorder	4,690	0.65	434	1.14	<.0001
Diagnosis of Depression	13,519	1.88	1,170	3.07	<.0001
Medical encounter to treat an injury	125,116	17.41	7,911	20.73	<.0001
Chronic disease risk score at or above average SSI recipient	13,538	1.88	714	1.87	0.05
Any mental illness	72,712	10.12	5,690	14.91	<.0001
<b>SOCIAL SERVICE UTILIZATION</b>					
Basic Food	497,498	60.02	35,411	89.00	<.0001
Temporary Assistance for Needy Families	173,742	20.96	26,951	67.74	<.0001
Disability Lifeline	n/a	n/a	n/a	n/a	n/a
<b>TOTAL</b>	<b>828,906</b>	<b>100%</b>	<b>39,787</b>	<b>100%</b>	

WORKING AGE ADULTS	DSHS TOTAL ALL AGE 18-64		Homeless DSHS Clients ALL AGE 18-64		p-value
	NUMBER	PERCENT	NUMBER	PERCENT	
Age (mean)	987,440	35.41	142,396	33.84	<.0001
<b>GENDER</b>					
Female	561,611	56.88	60,669	42.61	<.0001
Male	425,593	43.10	81,723	57.39	<.0001
<b>RACE/ETHNICITY</b>					
Missing Race	76,433	7.74	5,123	3.60	<.0001
White only	594,088	60.16	82,536	59.31	<.0001
Any minority	316,919	32.10	54,737	38.75	<.0001
Hispanic	135,612	13.73	14,864	10.44	<.0001
African American	85,735	8.68	24,340	17.53	<.0001
Asian/Pacific Islander	57,784	5.85	6,962	5.01	<.0001
Native American	58,020	5.88	14,069	10.13	<.0001
<b>GEOGRAPHIC LOCATION</b>					
Rural	129,176	13.08	15,443	10.85	<.0001
Urban - Low density	201,150	20.37	29,112	20.44	0.1057
Urban - Medium density	303,223	30.71	39,202	27.53	<.0001
Urban - High density	336,209	34.05	58,201	40.87	<.0001
<b>MEDICAL/BEHAVIORAL HEALTH</b>					
Medicaid Eligibility (mean months)	473,168	8.65	79,672	8.19	<.0001
Need for Alcohol or Other Drug (AOD) Treatment	83,300	17.61	30,199	37.91	<.0001
Diagnosis of Psychosis or Bipolar/Mania Disorder	45,461	9.61	10,601	13.31	<.0001
Diagnosis of Depression	74,746	15.80	18,025	22.62	<.0001
Medical encounter to treat an injury	112,871	23.85	25,571	32.10	<.0001
Chronic disease risk score at or above average SSI recipient	84,001	17.75	14,088	17.68	<.0001
Any mental illness	185,266	39.15	38,408	48.21	<.0001
<b>SOCIAL SERVICE UTILIZATION</b>					
Basic Food	686,254	69.50	131,810	92.57	<.0001
Temporary Assistance for Needy Families	92,716	9.39	23,385	16.42	<.0001
Disability Lifeline	60,754	6.15	26,959	18.93	<.0001
<b>TOTAL</b>	<b>987,440</b>	<b>100%</b>	<b>142,396</b>	<b>100%</b>	

SENIORS	DSHS TOTAL ALL AGE 65 AND OVER		Homeless DSHS Clients ALL AGE 65 AND OVER		p-value
	NUMBER	PERCENT	NUMBER	PERCENT	
Age (mean)	129,956	81.79	2,682	72.60	<.0001
<b>GENDER</b>					
Female	80,086	61.63	1,432	53.39	<.0001
Male	48,344	37.20	1,250	46.61	<.0001
<b>RACE/ETHNICITY</b>					
Missing Race	16,203	12.47	191	7.12	<.0001
White only	77,655	59.75	1,310	50.85	<.0001
Any minority	36,098	27.78	1,181	44.55	<.0001
Hispanic	10,073	7.75	277	10.33	<.0001
African American	5,673	4.37	245	9.54	<.0001
Asian/Pacific Islander	17,830	13.72	564	21.96	<.0001
Native American	3,677	2.83	143	5.57	<.0001
<b>GEOGRAPHIC LOCATION</b>					
Rural	15,697	12.08	244	9.10	<.0001
Urban - Low density	22,031	16.95	487	18.16	0.0748
Urban - Medium density	34,462	26.52	616	22.97	0.0024
Urban - High density	46,557	35.83	1,324	49.37	<.0001
<b>MEDICAL/BEHAVIORAL HEALTH</b>					
Medicaid Eligibility (mean months)	93,588	10.31	2,450	10.25	0.15
Need for Alcohol or Other Drug (AOD) Treatment	2,319	2.48	153	6.24	<.0001
Diagnosis of Psychosis or Bipolar/Mania Disorder	7,329	7.83	186	7.59	0.001
Diagnosis of Depression	8,450	9.03	200	8.16	0.002
Medical encounter to treat an injury	11,859	12.67	335	13.67	0.46
Chronic disease risk score at or above average SSI recipient	21,930	23.43	515	21.02	0.0002
Any mental illness	35,863	38.32	783	31.96	<.0001
<b>SOCIAL SERVICE UTILIZATION</b>					
Basic Food	55,603	42.79	1,903	70.95	<.0001
Temporary Assistance for Needy Families	n/a	n/a	n/a	n/a	n/a
Disability Lifeline	4,274	3.29	515	19.20	<.0001
<b>TOTAL</b>	<b>129,956</b>	<b>100%</b>	<b>2,682</b>	<b>100%</b>	