

Characteristics of Public Housing Assistance Recipients in Washington State

A profile of DSHS clients served by Public Housing Authorities in 2013

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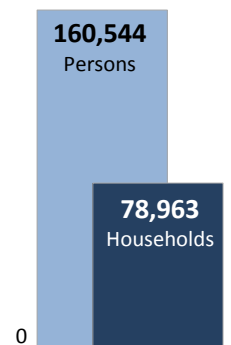
LOCAL PUBLIC HOUSING Authorities (PHAs) subsidize tens of thousands of rental units across Washington State, ensuring that low-income families have access to stable, affordable, high-quality housing. Because public housing assistance is largely funded and monitored by the U.S. Department of Housing and Urban Development (HUD), client data are not typically available through state administrative databases. Until recently, relatively little was known about the people living in assisted housing, or the impact of housing assistance on health and wellbeing. In 2014, HUD provided a grant to the Washington State Department of Social and Health Services (DSHS), Research and Data Analysis Division (RDA) to demonstrate the value of integrated social services and public housing data as a tool to examine the impact of public housing assistance on its recipients. Integrated social services and public housing data allow us to identify and describe individuals living in assisted housing statewide and enable in-depth analyses about how housing assistance influences the lives of DSHS clients in particular. In April 2014, RDA—in a Bill & Melinda Gates Foundation-funded collaboration with the King County, Seattle, and Pierce County PHAs—published a report describing public housing recipients served in those three PHAs in 2011.¹ Using a similar approach, this report examines three questions about more than 160,000 recipients of federal housing assistance across Washington:

1. Do DSHS and PHAs serve the same individuals?
2. What are the characteristics of jointly served PHA-DSHS clients?
3. To what extent do PHA clients differ from other DSHS clients?

Key Findings

- Almost all (97 percent) of 2013 PHA clients have been DSHS clients at some point; 91 percent received a DSHS service in 2013.
- Medical coverage and Basic Food assistance were the most common services received by PHA clients.
- Compared to DSHS clients who did not receive public housing assistance, PHA recipients were more likely to:
 - Be older, female and African American.
 - Receive Temporary Assistance for Needy Families and Basic Food.
 - Have a physical or behavioral health condition, particularly among working age adults.

Received Both PHA and DSHS Services STATEWIDE, CY 2013



¹ Galvez, M., Black, C., Felver, B., & Estee, S. L. (2014). Characteristics of Housing Assistance Recipients from Three Public Housing Authorities. Department of Social and Health Services, Research and Data Analysis Division, April (Report 11.204).



Background

Understanding public housing authority assistance programs

PHAs are independent entities that operate subsidized rental housing programs serving low-income individuals and families. PHA housing is intended to avoid situations believed to negatively impact health and well-being, such as over-crowding, unsafe living conditions, high rent burdens and frequent moves. HUD provides funding, technical assistance and oversight to approximately 3,300 PHAs nationwide, including 34 in Washington State. Each PHA serves clients within a designated geographic area and is responsible for a range of activities including identifying eligible households, maintaining waiting lists, managing public housing properties, inspecting voucher-subsidized units and making rent payments to landlords.

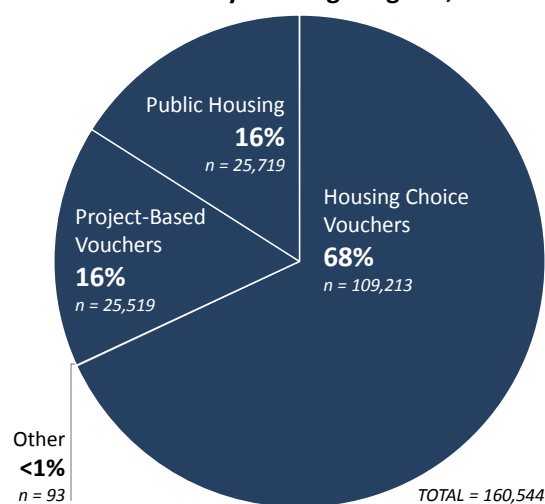
Specific rent, income or other eligibility requirements vary, but HUD requires that PHAs serve the lowest-income households in their jurisdictions and ensure that each household spend no more than 30 to 40 percent of its income on rent.² With some exceptions, housing assistance is permanent as long as the recipient household remains eligible and in compliance with program rules. Housing is not always available for those who qualify, and PHAs maintain waiting lists for each program or property. In the Housing Choice Voucher (HCV) program, vouchers are awarded through a lottery.

PHAs provide three main types of housing assistance:

Housing Choice Vouchers

HCV or “Section 8” vouchers pay a portion of the rent for privately-owned housing units that meet certain size, quality and maximum rent guidelines. Voucher holders sign a lease with a landlord who also enters into a contract with a PHA. Households must have incomes below 30 to 50 percent of area median income (AMI) to qualify. Assisted households and PHAs each pay their portions of monthly rent to the landlord. Vouchers are portable, allowing recipients a wider choice of property and neighborhoods than possible with place-based assistance. Tenant-based Housing Choice Vouchers are provided to 68 percent of all clients receiving housing assistance.

PHA-DSHS Clients by Housing Program, CY 2013



Public Housing

Public housing (PH) units are owned and managed by PHAs. Assisted households sign a lease with a PHA and pay rent directly to the PHA each month. Public housing is place-based in that subsidies are tied to specific properties that different households may rent over time. Households must have incomes below 80 percent of AMI to qualify for public housing, but PHAs often give preference to households that are homeless or have incomes below 30 percent of AMI. Public housing is provided to 16 percent of all clients receiving housing assistance in Washington State.

DISCLAIMER

The contents of this report are the views of the contractor (RDA) and do not necessarily reflect the views or policies of the U.S. Department of Housing and Urban Development or the U.S. Government.

² Income eligibility is based on a percentage of the area median income (AMI). For a family of four in Seattle in 2013, for example, 30 percent of AMI was \$26,000 and 80 percent was \$64,400. Individual PHAs may select a percentage within that range as their eligibility threshold.

Project-Based Vouchers

Project based vouchers pay a portion of the rent for housing units in properties that have received financing from HUD or have contracts with PHAs to provide housing to low-income households. Property owners may be PHAs, non-profit organizations or service providers, and generally hire private management companies to maintain the rental properties. Project-based voucher housing may serve specific populations, such as seniors or people with disabilities. Households must have incomes below 30 to 50 percent of AMI to qualify for project-based housing. Project-based vouchers are provided to 16 percent of housing-assisted individuals in Washington State, about the same share that lived in public housing in 2013.³

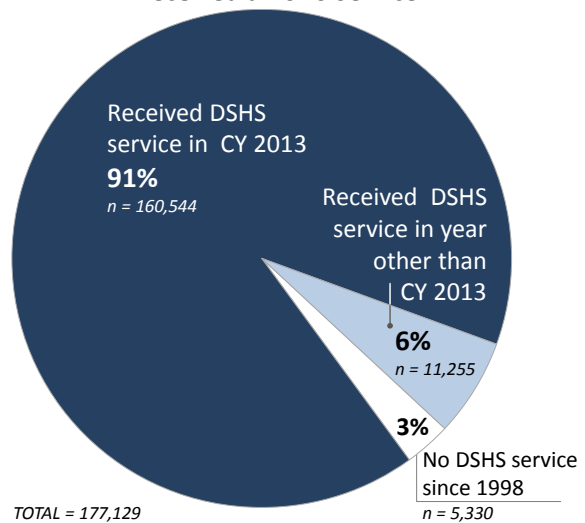
Q1. Do DSHS and PHAs serve the same clients?

Shared PHA-DSHS Clients in CY 2013

PHAs across Washington State served 177,129 individuals for at least one month of CY 2013.⁴ Nearly all of these clients (97 percent) had received a DSHS service at some point since 1998, and 91 percent of them received a DSHS service in 2013, resulting in a total of 160,544 individuals (representing 78,963 households) who were jointly served by Washington PHAs and DSHS in 2013. These jointly served clients represent about 13 percent of the individuals served by DSHS statewide.

In the sections that follow, we first identify PHA clients' demographic characteristics, social and health service use and employment in 2013. We then examine service use and several indicators of physical and behavioral health for the PHA clients compared to other DSHS clients not receiving PHA assistance. Compared to DSHS clients without PHA housing assistance, the PHA clients are more likely to use publicly funded health or economic services, more likely to suffer from mental illness or a chronic health condition, and less likely to be employed.

Nearly All Housing Authority Clients Received a DSHS Service*



*Based on any DSHS services, 1998-2013

³ In addition to the above totals, 93 individuals lived in housing that could not be classified into the three main categories.



⁴ See the technical notes for a detailed description of the PHA sample.

Q2. What are the characteristics of jointly served PHA-DSHS clients?

Household Composition and Demographics

The majority (60 percent) of PHA residents are female. This is the case across PHA program types. Approximately half of all residents are minorities, 28 percent are African American. Non-Hispanic whites represent 47 percent of all PHA clients, varying considerably across housing type. Over one-third of all PHA households include at least one child under the age of 18.

HCV and PH residents are younger on average than PBV residents. PH and HCV households also are more likely to include a child under the age of 18 (34 percent and 43 percent, respectively) than PBV households (18 percent). PBV residents are most often single adults without children (71 percent) and over one-third are 65 years or older.

Household Composition and Demographics				
Joint HUD-DSHS Clients, CY 2013				
 Individuals	PUBLIC HOUSING AUTHORITY PROGRAMS			TOTAL ALL 3 Programs n = 160,544*
	PH n = 25,719	HCV n = 109,213	PBV n = 25,519	
Gender				
Male	43%	40%	39%	40%
Female	57%	60%	61%	60%
Race/ethnicity (all clients)⁵				
White, non-Hispanic	38%	47%	59%	47%
Minority	62%	53%	41%	53%
African American	27%	32%	10%	28%
Asian/Pacific Islander	17%	9%	17%	11%
Native American	5%	7%	5%	6%
Hispanic (may be of any race)	18%	12%	12%	13%
Average age (head of household)	54.4	49.0	60.6	52.1
Average age (all clients)	34.6	30.3	47.4	33.7
0 to 5 years	11%	11%	9%	11%
6 to 11 years	14%	16%	8%	14%
12 to 17 years	12%	15%	5%	13%
18 to 24 years	7%	8%	6%	7%
25 to 34 years	9%	11%	8%	10%
35 to 44 years	9%	11%	7%	10%
45 to 54 years	10%	11%	8%	10%
55 to 64 years	11%	9%	12%	10%
65 years and older	16%	8%	38%	14%
 Households	PUBLIC HOUSING AUTHORITY PROGRAMS			TOTAL ALL 3 Programs n = 78,963*
	PH n = 12,727	HCV n = 49,093	PBV n = 17,115	
Average household size	2.2	2.3	1.5	2.1
Households w/ children 0-17	34%	43%	18%	36%
Single adult w/ children 0-17	18%	26%	12%	22%
Single adult, no children	53%	43%	71%	51%

*Includes 93 individuals (28 households) with missing PHA housing types.

⁵ Race/ethnicity is unknown for 4 to 5 percent in each PHA Subsidy type. Persons of minority background may be counted in more than one subcategory based on self-reported information, thus totals for all races exceed 100 percent.

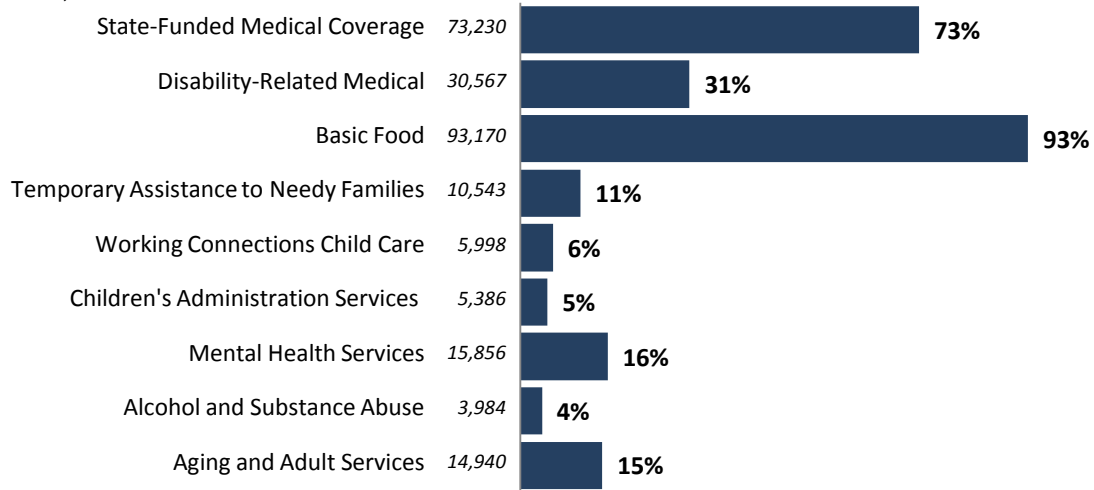
Overview of CY 2013 Social Service Use for Individuals with PHA Assistance

Overall, medical coverage and the Basic Food program were the most common DSHS services used by PHA clients.⁶ This was particularly true among children: nearly all PHA-assisted children received medical coverage in 2013, and 95 percent received at least one month of food assistance. Among adults, Basic Food program participation and medical coverage were followed by disability-related medical coverage, mental health services and aging and adult services.

Social Service Use in 2013⁷

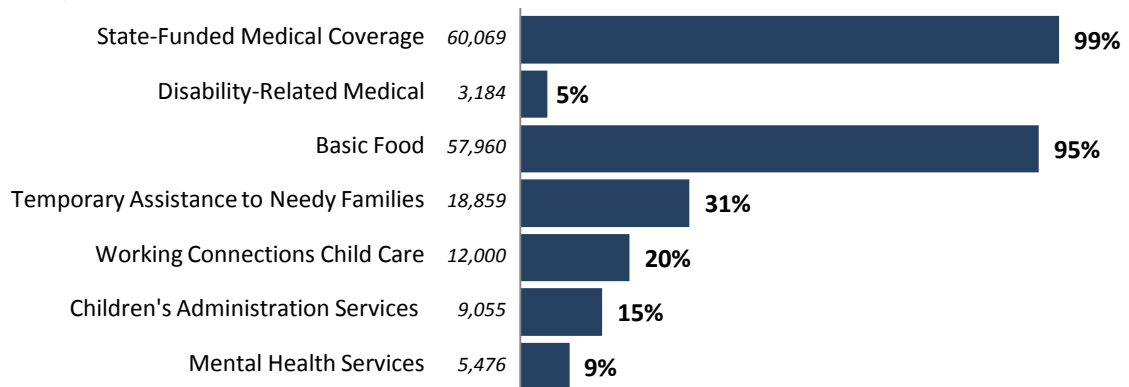
Adult Housing Assistance Clients Ages 18 and Over with . . .

TOTAL = 99,749



Child Housing Assistance Clients Ages 0 to 17 with . . .

TOTAL = 60,760



⁶ Note these observations precede the 2014 Medicaid expansion.

⁷ The total PHA-DSHS clients for these charts equals 160,509 which excludes 35 people for whom age was unknown.

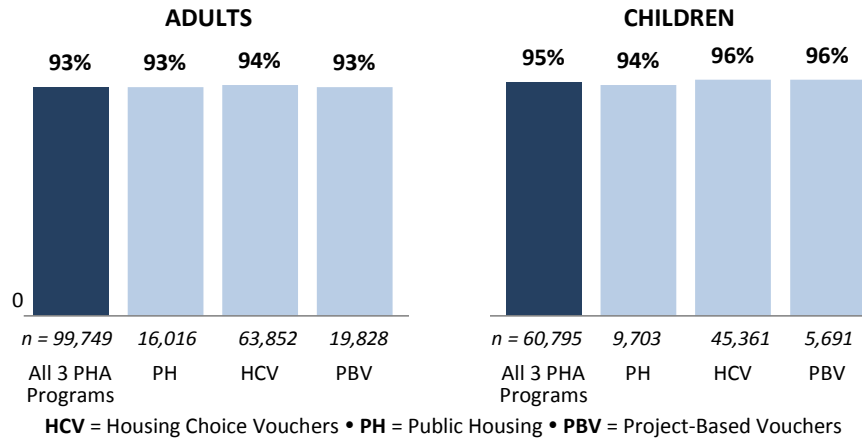
Economic Assistance

Nearly all PHA clients received food support

Participation in the federally-funded Basic Food program, formerly known as Food Stamps, was high across the three types of housing assistance, for both adults and children. Over 90 percent of all clients received food assistance for at least one month during CY 2013. Due to missing values, in the following series of graphs, the total for all programs is greater than the sum of the housing types.

DSHS Basic Food Program Participation by PHA Program

PHA – DSHS CLIENTS, CY 2013

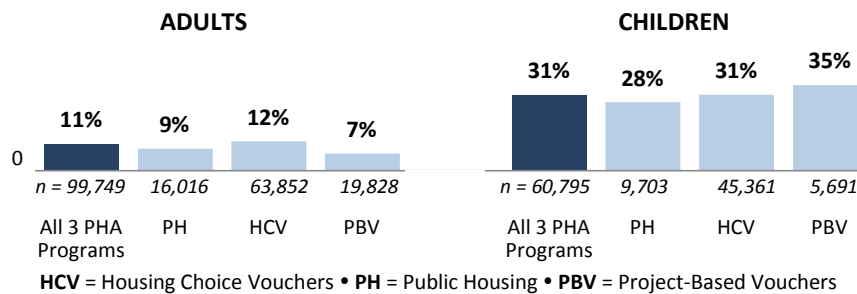


Almost one-third of PHA-assisted children received TANF

The Temporary Assistance for Needy Families (TANF) program provides cash assistance to low-income families with children. On average, 31 percent of all children and 11 percent of adult residents of PHAs received at least one month of TANF assistance in 2013.

DSHS TANF Participation by PHA Program

PHA – DSHS CLIENTS, CY 2013

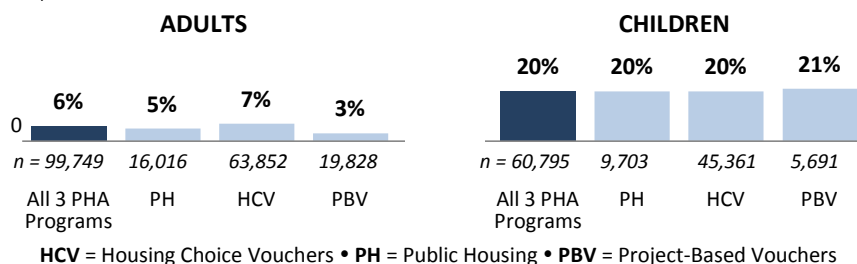


One-quarter of children received child care assistance

DSHS' Working Connections Child Care (WCCC) program helps low-income families pay for child care while working or meeting TANF WorkFirst participation requirements. Approximately 6 percent of all adults and 20 percent of children received child care subsidies in 2013.

DSHS Working Connections Child Care Subsidy Receipt by PHA Program

PHA – DSHS CLIENTS, CY 2013



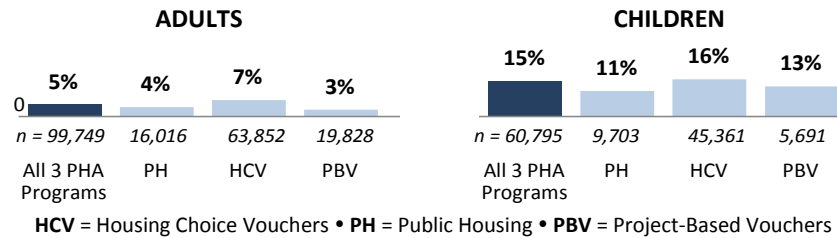
Child Welfare

Children’s Administration serves 15 percent of PHA-assisted children

DSHS’ Children’s Administration (CA) provides a range of services to support children and families. These include investigating allegations of child abuse or neglect, services for parents and children that are separated or at risk of separation, and services to help at-risk families. The measure of child welfare system involvement captures receipt of any CA service. Five percent of PHA adults and 15 percent of PHA children were involved with the child welfare system in 2013.

DSHS Children’s Administration Involvement by PHA Program

PHA – DSHS CLIENTS, CY 2013



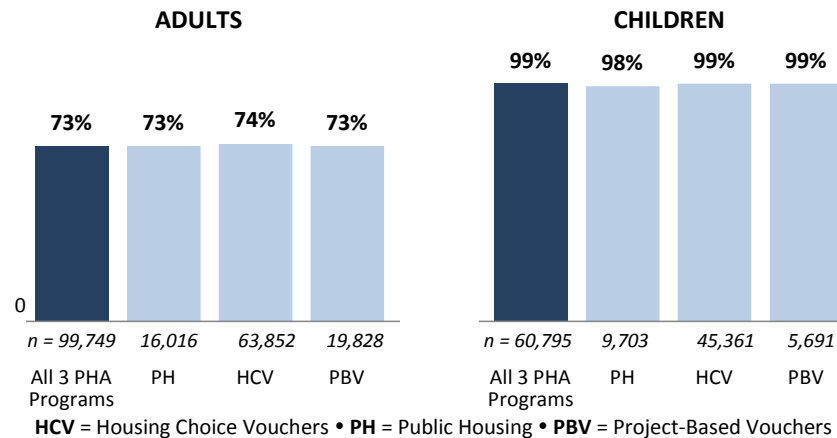
Medical Coverage

Nearly all children and most adults had publicly funded medical coverage

DSHS provides medical coverage, primarily through the Medicaid program, to individuals who meet income eligibility requirements or have a disabling condition. Disability-related coverage is a subset of medical coverage for specific mental or physical health disabilities, and is provided to individuals (mainly adults) who receive Supplemental Security Income (SSI). Nearly all PHA-assisted children and three-quarters of adults received medical coverage in 2013; about one-third of adults received disability-related coverage.

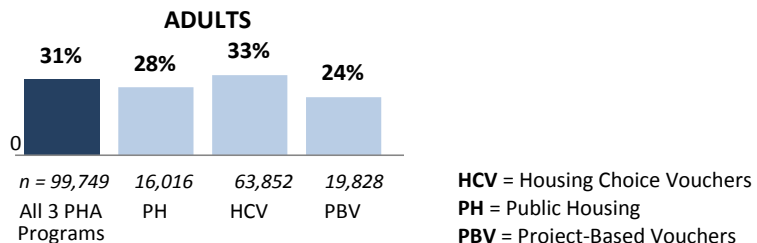
State Medical Coverage and Disability-Related Coverage by PHA Program

PHA – DSHS CLIENTS, CY 2013



Disability-related Medical Coverage for Adults by PHA Program

PHA – DSHS CLIENTS, CY 2013



Behavioral Health

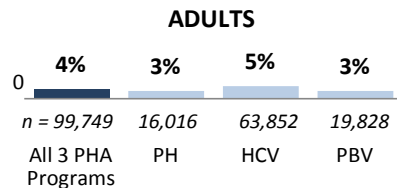
Mental Health Services were accessed by 16 percent of adults

DSHS provides alcohol and other drug-related (AOD) prevention, intervention and treatment (i.e., assessments, detoxification and residential/outpatient treatment) through the Division of Behavioral Health and Recovery (DBHR). DBHR and the Behavioral Health and Service Integration Administration (BHSIA) also oversee mental health services provided through state or community-based mental hospitals and by local community mental health agencies.

Use of AOD treatment services by adults was relatively low across PHAs in Washington State (4 percent). A very small number (under 2 percent, not shown) of adolescents received these services. Use of mental health services was higher: 16 percent of all PHA adult clients and 9 percent of all children received mental health services in 2013.

DSHS Alcohol and Substance Abuse Service Receipt by PHA Program

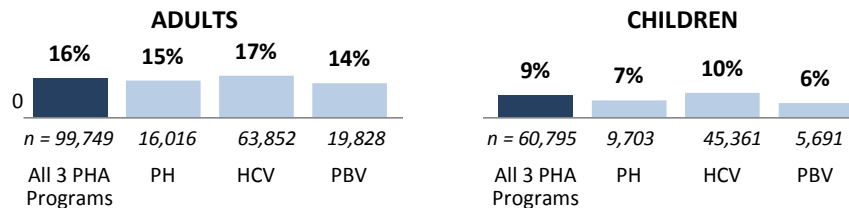
PHA – DSHS CLIENTS, CY 2013



HCV = Housing Choice Vouchers • PH = Public Housing • PBV = Project-Based Vouchers

DSHS Mental Health Service Receipt by PHA Program

PHA – DSHS CLIENTS, CY 2013



HCV = Housing Choice Vouchers • PH = Public Housing • PBV = Project-Based Vouchers

Employment

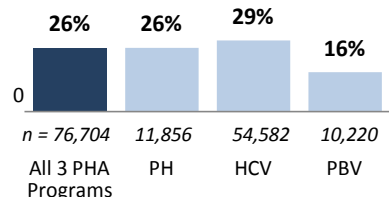
One in four PHA clients reported earnings in 2013

Employment and wage data are available from the Employment Security Department's Unemployment Insurance wage database. The percentages below represent the share of PHA-DSHS working age adults (18-64 years) who had any earnings reported in the Unemployment Insurance data for 2013. Overall, 26 percent of all PHA-DSHS clients had earnings in 2013. Among PHA residents with reported employment, average annual earnings were quite low (\$10,651). Employment rates and wages were lower for adults receiving PBV assistance. Earnings are for individual wage earners and do not reflect total household income from all sources.

Employment Rates by PHA Program

PHA – DSHS CLIENTS

WORKING AGE ADULTS (Age 18-64)

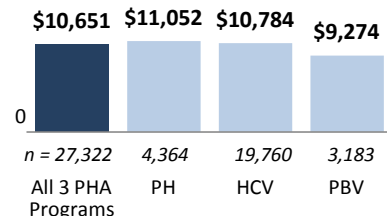


HCV = Housing Choice Vouchers • PH = Public Housing • PBV = Project-Based Vouchers

Average Annual Earnings by PHA Program

PHA – DSHS CLIENTS WITH EARNINGS

EMPLOYED WORKING AGE ADULTS (Age 18-64)



HCV = Housing Choice Vouchers • PH = Public Housing • PBV = Project-Based Vouchers

Q3. To what extent do PHA clients differ from other DSHS clients?

To understand the extent to which DSHS clients who get PHA assistance differ from those who do not, we selected DSHS clients who received any DSHS service in 2013 but did not live in PHA housing at any point in the year.⁸ A total of 1,243,927 clients are in the group identified as DSHS clients without PHA assistance, which we compare to 160,544 DSHS clients with PHA assistance.⁹ We found a number of differences between the two groups. DSHS clients with PHA housing had higher service use rates, worse mental and physical health, and lower employment rates in 2013 than DSHS clients without PHA housing assistance.

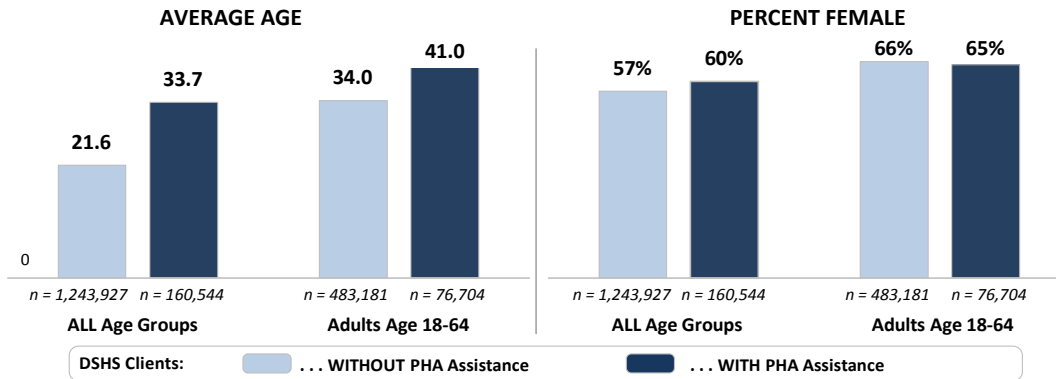
Demographics

PHA clients are older and more likely African American

On average, PHA clients are older compared to DSHS clients in Washington State as a whole. PHA clients are also slightly more likely to be female, though among adults the gender balance appears consistent across those with and without PHA assistance.

Age and Gender

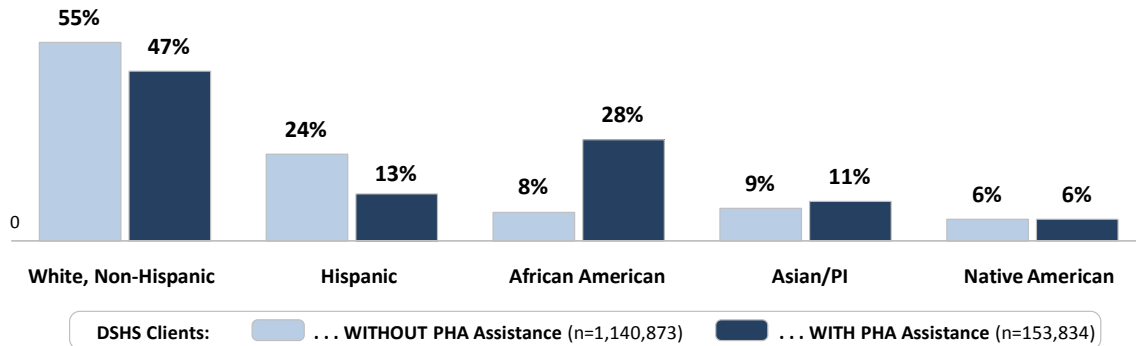
DSHS Clients in 2013, by assisted housing status and Gender



PHA clients are more likely to be African American, slightly more likely to be Asian or Pacific Islander, and are less likely to be white or Hispanic. Forty-five percent of all PHA-DSHS clients are members of a minority group, and 27 percent identify as African American (compared to 8 percent of Washington State DSHS clients).

Race/Ethnicity

DSHS Clients in 2013, by assisted housing status and race



⁸ The sample of DSHS clients was also restricted to those who received publicly funded medical coverage in 2012 or 2013.

⁹ Note these observations precede the 2014 Medicaid expansion.

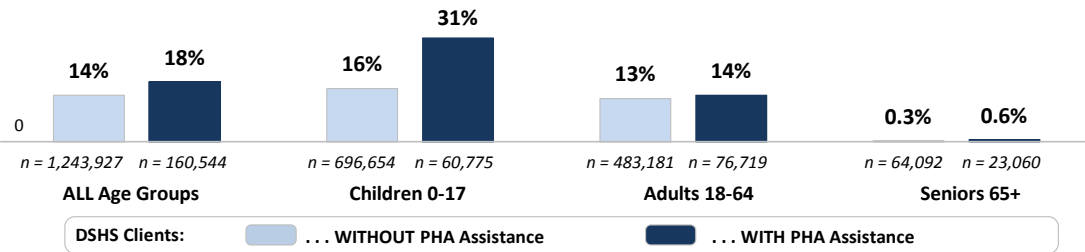
Economic Assistance

PHA clients were more likely to have received TANF and Basic Food

Across all age groups, PHA clients were more likely than the comparison group to have received both TANF assistance and Basic Food. However, differences in TANF receipt were much more pronounced among children compared to adults or seniors. Nearly one-third of all PHA children received TANF in 2013, almost double the percent of DSHS children without PHA assistance (31 percent versus 16 percent).

TANF Assistance

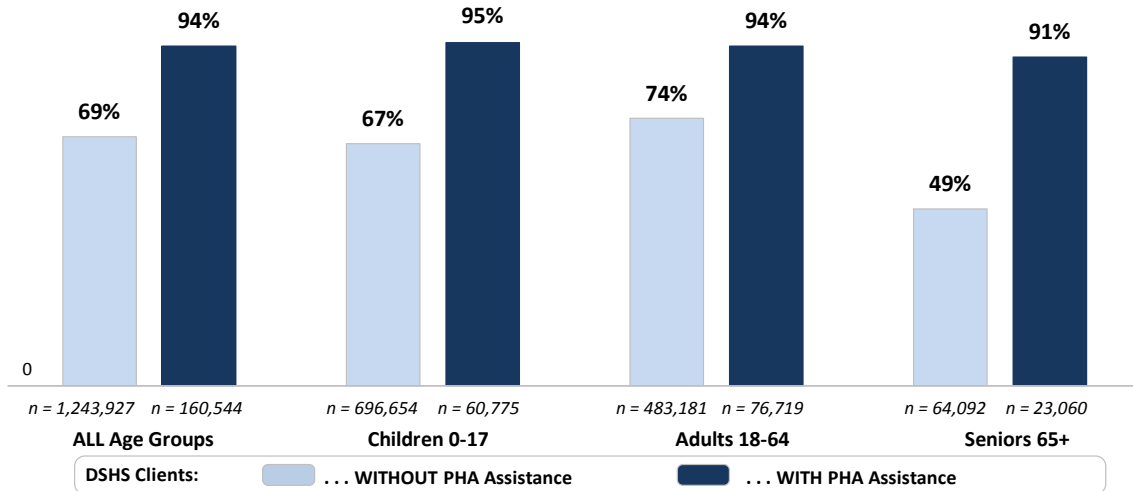
DSHS Clients with TANF in 2013, by assisted housing status and age group



Basic Food was provided to a particularly high proportion of the PHA-assisted clients: 94 percent of these clients received Basic Food for at least one month in 2013 compared to 69 percent of DSHS clients without PHA housing. These differences may reflect the lower-income population served by the PHAs and the possibility that PHA-assisted households may be more likely to apply for services for which they are eligible.

Basic Food Program

DSHS Clients with Basic Food in 2013, by assisted housing status and age group



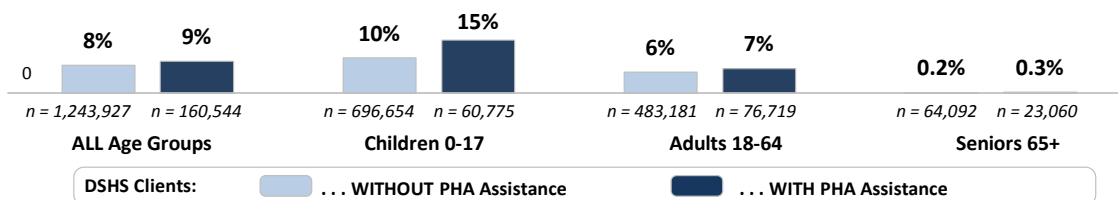
Child Welfare

Use of Children's Administration services varied by PHA assistance and age

A higher percentage of children living in PHA housing in 2013 received services from the DSHS Children's Administration (CA) during the year compared to DSHS children who did not have PHA housing assistance: 15 percent versus 10 percent. Among adults, 7 percent of PHA assisted clients received Children's Administration services, compared to 6 percent of clients without PHA assistance.

Children's Administration Services

DSHS Clients with Children's Administration Services in 2013, by assisted housing status age group



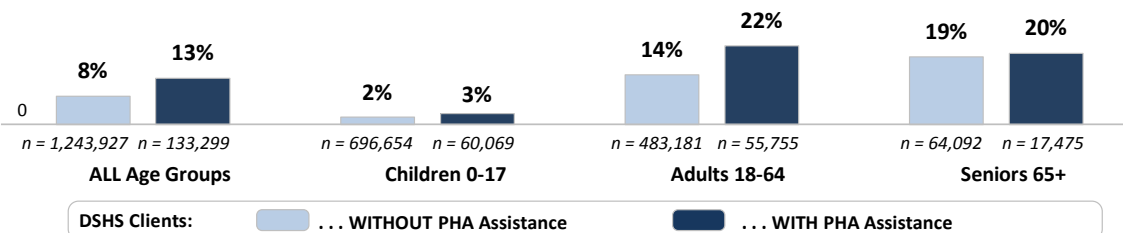
Physical Health

PHA-assisted adults have more chronic illness and were treated for more injuries¹⁰

To understand clients' physical health, DSHS calculates a chronic disease risk score based on health service diagnoses and pharmacy claims information (Gilmer, 2001; Kronick *et al.*, 2000). The score is based on the average for individuals that meet Social Security Insurance (SSI) disability criteria. Scores that are above the average indicate a higher risk for chronic illnesses. Among adults ages 18 to 64, the PHA-assisted clients were significantly more likely to have risk scores at or above the average for Washington State SSI recipients. The chronic disease indicator, however, only differed slightly according to housing assistance status for children or seniors.

Chronic Illness

DSHS Clients in 2013 with above-average chronic disease risk, by assisted housing status and age group*

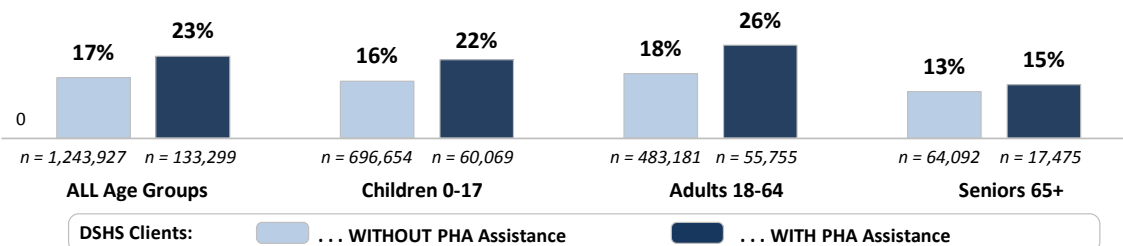


*Chronic illness indicator is normed upon disabled adults and children on Supplemental Security Income (Kronick *et al.*, 2000).

PHA recipients in all age groups were more likely to have been treated for an injury than clients without PHA assistance. The difference was largest among adults: 26 percent of PHA-assisted adults were treated for an injury compared to about 18 percent of adults who did not get PHA assistance. In some cases, treatment for injuries may be an indicator of other risk factors in the home, such as child abuse or neglect, domestic violence or substance abuse problems. The higher incidence of chronic illness found among adults may also place some PHA clients at higher risk for injuries. It should be noted that this is a descriptive study only, and no causal influences should be inferred.

Injuries

DSHS Clients treated for an injury in 2013, by assisted housing status and age group



¹⁰ These percentages are based on clients who had at least one month of publicly funded medical coverage in CY 2013.

Behavioral Health

PHA clients have higher rates of mental illness¹⁰

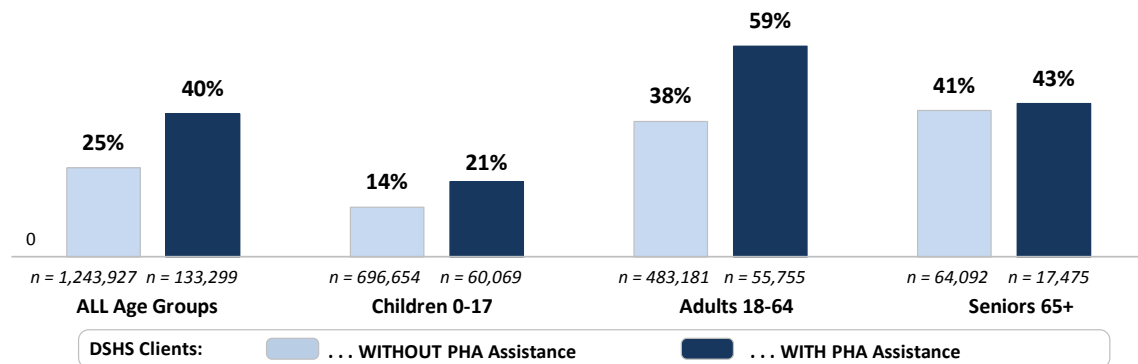
To measure mental illness we draw data from multiple data sources contained in the Integrated Client Database over a 24-month period. Specifically, individuals are considered to have a mental illness if any of the following were indicated in any month of 2012 or 2013:

1. A diagnosis of psychosis or bipolar/mania, depression, anxiety, adjustment disorder, ADHD or conduct or impulse disorder,
2. Receipt of antipsychotic, anti-mania/bipolar, antidepressant, anti-anxiety or ADHD medications,
3. Receipt of mental health services through DSHS' Behavioral Health and Services Integration Administration, and/or
4. Behavioral rehabilitation services provided through DSHS' Children's Administration.

Compared to DSHS clients without housing assistance, the PHA clients are significantly more likely to have an indication of mental illness. Nearly 60 percent of PHA assisted adults received a mental health diagnosis or service during 2013, as compared to 38 percent of DSHS clients without housing assistance. Housing assisted adults were also much more likely to receive depression or bipolar/mania diagnosis or treatment. Seniors with housing assistance were slightly more likely to receive treatment for any mental illness as compared those without housing assistance. PHA children were also more likely to receive mental health services.

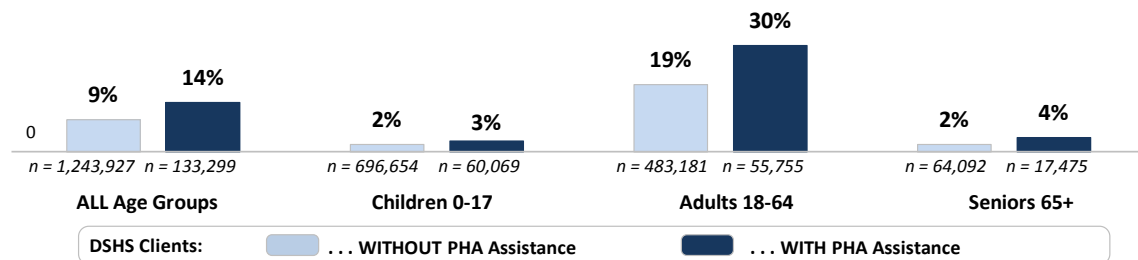
Mental Health Diagnosis or Services

DSHS Clients treated for any mental illness in 2012 or 2013, by assisted housing status and age group



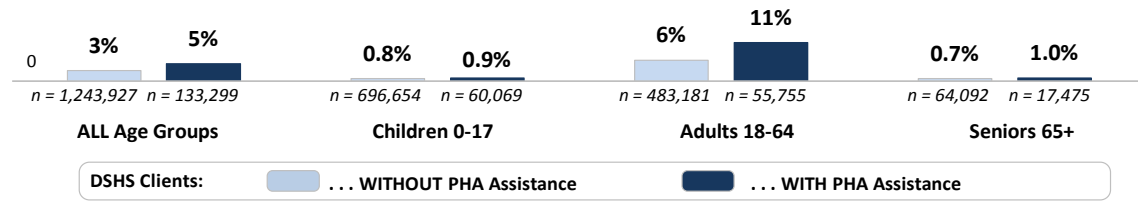
Depression

DSHS Clients with depression diagnosis or treatment in 2012 or 2013, by assisted housing status and age group



Psychosis or Bipolar/Mania

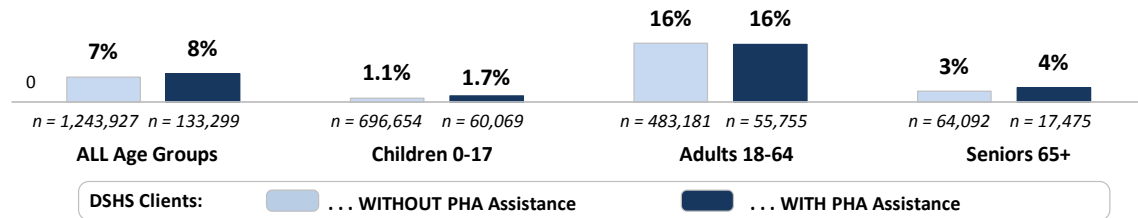
DSHS Clients with psychosis/bipolar diagnosis or treatment in 2012 or 2013, by assisted housing status and age group



We consider an individual to have a probable alcohol or other drug (AOD) problem if any of the following were present in 2012 or 2013: an AOD-related medical diagnosis or pharmacy claim, receipt of AOD treatment and/or detoxification services, or a drug- or alcohol-related arrest. PHA clients were slightly more likely to have an indication of substance abuse compared to DSHS clients without PHA housing assistance (8 percent versus 7 percent). However, among working-age adults the pattern does not hold. Instead, PHA adults and non-PHA adults have similar indications of substance abuse.

Substance Abuse

DSHS Clients with indicator of substance abuse in 2013, by assisted housing status and age group



Employment

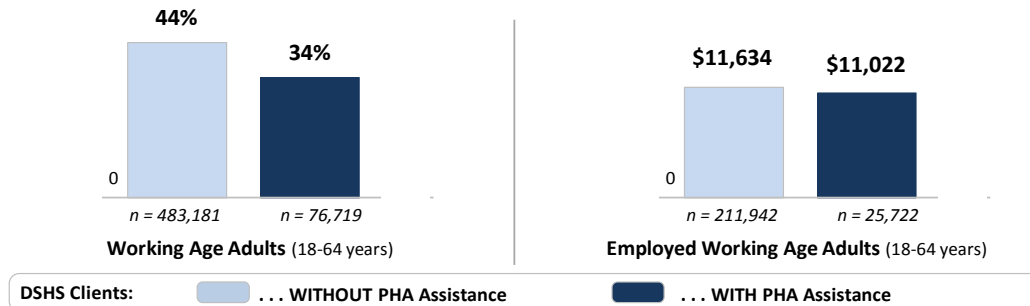
PHA clients were less likely to work, and had lower earnings

Employment rates and average annual earnings were much lower for the PHA-assisted working age adults (18-64 years) compared to DSHS clients without assisted housing. Among the working age clients *without* housing assistance, 44 percent worked at some point during 2013 compared to 34 percent of those with PHA-assisted housing. The lower employment rates may, in part, reflect the higher rates of disability or chronic mental and physical illness among the PHA clients.

Employment (Any Time in CY 2013)

Earnings (Annual)

Working-age (18-64) DSHS Clients in 2013, by assisted housing status



Summary

A foundation for future research

Research about how housing may impact individual health and well-being has been limited by a lack of detailed data describing the experiences of subsidized housing residents. This report is the first to use statewide data on public housing recipients acquired through a recent data sharing agreement between DSHS and HUD. The analyses described in this report suggest that PHAs serve individuals and families in need of significant health, social service and economic support. Compared to DSHS clients in Washington State who did not live in PHA assisted housing, Washington State PHA clients appear to be in poorer physical and behavioral health, are more likely to use nutrition assistance and TANF, and are less likely to work.

These findings provide new insights into the population served by PHAs in Washington State. The findings do not, however, address the important question of how housing assistance impacts the lives of low-income people. Some of the differences between DSHS clients with and without PHA housing assistance described here could be attributed to improvements in the ability of individuals served by PHAs to access social and health services because of their housing stability or relationships with PHA case managers. Alternatively, health problems or service use among PHA clients could have been even more pronounced absent the stability and access to services that assisted housing provides.

Future analyses and reports will build off the work presented in this report and use closely matched comparison groups to further investigate the potential impact of housing assistance on such outcomes as educational achievement, child welfare system involvement, employment or health.

APPENDIX: Supporting Tables

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

ALL AGES	DSHS CLIENTS ALL AGES		PHA-DSHS Shared Clients ALL AGES	
	NUMBER	PERCENT	NUMBER	PERCENT
Age (mean)	1,243,927	21.6	160,544	33.7
GENDER				
Female	703,085	57%	95,685	60%
Male	540,842	43%	64,860	40%
RACE/ETHNICITY				
Missing Race	103,054	8%	6,675	4%
White Only	631,118	51%	72,358	45%
Any minority	509,755	41%	81,476	51%
Hispanic	275,072	22%	19,816	12%
African American	96,025	8%	42,701	27%
Asian/Pacific Islander	105,451	8%	17,641	11%
Native American	73,583	6%	9,923	6%
GEOGRAPHIC LOCATION				
Rural	170,750	14%	11,751	7%
Urban - Low Density	280,936	23%	23,520	15%
Urban - Medium Density	382,866	31%	47,172	29%
Urban - High Density	409,341	33%	77,998	49%
SOCIAL SERVICE UTILIZATION				
Basic Food	853,659	69%	151,130	94%
Temporary Assistance for Needy Families	175,034	14%	29,402	18%
Children's Administration Involvement	96,384	8%	14,441	9%
MEDICAL/BEHAVIORAL HEALTH¹¹				
Medicaid Eligibility (mean months)	1,243,927	9.6	133,299	11.1
Need for Alcohol or Other Drug Treatment	88,937	7%	10,707	8%
Psychosis or Bipolar/Mania Diagnosis	36,862	3%	6,609	5%
Diagnosis of Depression	107,286	9%	18,861	14%
Medical Encounter to Treat an Injury	206,055	17%	30,522	23%
Chronic disease risk score at or above average	93,855	8%	17,528	13%
SSI recipient				
Any Mental Illness	306,326	25%	52,912	40%
EMPLOYMENT AND EARNINGS				
Employment (age 18 and over)	224,734	37%	27,322	26%
Earnings (annual, age 18 and over)	224,734	\$11,174	27,322	\$10,651
TOTAL	1,243,927	100%	160,544	100%

¹¹ All medical and behavioral health measures are restricted to clients who had at least one month of medical coverage in CY 2013.

CHILDREN	DSHS CLIENTS AGE 0-17		PHA-DSHS Shared Clients AGE 0-17	
	NUMBER	PERCENT	NUMBER	PERCENT
Age (mean)	696,654	7.8	60,775	8.9
GENDER				
Female	340,611	49%	29,955	49%
Male	356,043	51%	30,821	51%
RACE/ETHNICITY¹²				
Missing Race	81,083	12%	4,284	7%
White Only	294,078	42%	19,576	32%
Any Minority	321,493	46%	36,900	61%
Hispanic	201,995	29%	11,246	19%
African American	51,831	7%	21,076	35%
Asian/Pacific Islander	55,717	8%	5,396	9%
Native American	36,793	5%	4,007	7%
GEOGRAPHIC LOCATION				
Rural	95,431	14%	4,370	7%
Urban - Low Density	167,760	24%	9,241	15%
Urban - Medium Density	213,391	31%	17,757	29%
Urban - High Density	220,051	32%	29,388	48%
SOCIAL SERVICE UTILIZATION				
Basic Food	464,875	67%	57,960	95%
Temporary Assistance for Needy Families	109,760	16%	18,859	31%
Children's Administration Involvement	67,221	10%	9,055	15%
MEDICAL/BEHAVIORAL HEALTH				
Medicaid Eligibility (mean months)	696,654	10.2	60,069	11.6
Need for Alcohol or Other Drug Treatment	7,876	1%	1,009	2%
Psychosis or Bipolar/Mania Diagnosis	5,266	1%	563	1%
Diagnosis of Depression	14,292	2%	1,725	3%
Medical Encounter to Treat an Injury	112,667	16%	13,227	22%
Chronic disease risk score at or above average SSI recipient	16,030	2%	1,547	3%
Any Mental Illness	96,489	14%	12,786	21%
EMPLOYMENT AND EARNINGS				
Employment (age 16-17)	11,383	18%	916	15%
Earnings (annual, age 16-17)	11,383	\$2,989	916	\$2,964
TOTAL	696,654	100%	60,775	100%

¹² Individuals with known race were categorized into one of two mutually exclusive groups: White Only (Non-Hispanic) and Any Minority. Individuals in the Any Minority group were further categorized as Hispanic, African American, Asian/Pacific Islander, and/or Native American and may appear in more than one of these four categories

WORKING AGE ADULTS	DSHS CLIENTS AGE 18-64		PHA-DSHS Shared Clients AGE 18-64	
	NUMBER	PERCENT	NUMBER	PERCENT
Age (mean)	483,181	34	76,719	41
GENDER				
Female	319,901	66%	50,216	65%
Male	163,280	34%	26,503	35%
RACE/ETHNICITY				
Missing Race	18,469	4%	1,456	2%
White Only	298,491	62%	39,401	51%
Any minority	166,221	34%	35,847	47%
Hispanic	66,923	14%	7,232	9%
African American	41,631	9%	19,807	26%
Asian/Pacific Islander	37,426	8%	6,949	9%
Native American	35,002	7%	5,351	7%
GEOGRAPHIC LOCATION				
Rural	67,185	14%	5,966	8%
Urban - Low Density	100,990	21%	11,341	15%
Urban - Medium Density	151,420	31%	22,537	29%
Urban - High Density	163,575	34%	36,827	48%
SOCIAL SERVICE UTILIZATION				
Basic Food	357,659	74%	72,279	94%
Temporary Assistance for Needy Families	65,053	13%	10,416	14%
Children's Administration Involvement	29,036	6%	5,328	7%
MEDICAL/BEHAVIORAL HEALTH				
Medicaid Eligibility (mean months)	483,181	8.7	55,755	10.6
Need for Alcohol or Other Drug Treatment	78,830	16%	8,993	16%
Psychosis or Bipolar/Mania Diagnosis	31,147	6%	5,873	11%
Diagnosis of Depression	91,515	19%	16,489	30%
Medical Encounter to Treat an Injury	84,869	18%	14,688	26%
Chronic disease risk score at or above average SSI recipient	65,549	14%	12,491	22%
Any Mental Illness	183,503	38%	32,699	59%
EMPLOYMENT AND EARNINGS				
Employment (age 18-64)	211,942	44%	25,746	34%
Earnings (annual, age 18-64)	211,942	\$11,634	25,746	\$11,022
TOTAL	483,181	100%	76,719	100%

SENIORS	DSHS CLIENTS AGE 65 AND OVER		PHA-DSHS Shared Clients AGE 65 AND OVER	
	NUMBER	PERCENT	NUMBER	PERCENT
Age (mean)	64,092	77.9	23,060	74.7
GENDER				
Female	42,573	66%	15,519	67%
Male	21,519	34%	7,541	33%
RACE/ETHNICITY				
Missing Race	3,502	5%	935	4%
White Only	38,549	60%	13,381	58%
Any Minority	22,041	34%	8,729	38%
Hispanic	6,154	10%	1,338	6%
African American	2,563	4%	1,818	8%
Asian/Pacific Islander	12,308	19%	5,296	23%
Native American	1,788	3%	565	2%
GEOGRAPHIC LOCATION				
Rural	8,134	13%	1,406	6%
Urban - Low Density	12,186	19%	2,929	13%
Urban - Medium Density	18,055	28%	6,869	30%
Urban - High Density	25,715	40%	11,774	51%
SOCIAL SERVICE UTILIZATION				
Basic Food	31,125	49%	20,891	91%
Temporary Assistance for Needy Families	221	0%	127	1%
Children's Administration Involvement	127	0.2%	58	0.3%
MEDICAL/BEHAVIORAL HEALTH				
Medicaid Eligibility (mean months)	64,092	9.9	17,475	11.3
Need for Alcohol or Other Drug Treatment	2,231	3%	705	4%
Psychosis or Bipolar/Mania Diagnosis	449	1%	173	1%
Diagnosis of Depression	1,479	2%	647	4%
Medical Encounter to Treat an Injury	8,519	13%	2,607	15%
Chronic disease risk score at or above average SSI recipient	12,276	19%	3,490	20%
Any Mental Illness	26,334	41%	7,427	43%
EMPLOYMENT AND EARNINGS				
Employment (age 65 and over)	1,409	2%	660	3%
Earnings (annual, age 65 and over)	1,409	\$7,960	660	\$6,841
TOTAL	64,092	100%	20,060	100%

STUDY POPULATION

This report summarizes an analysis of data describing individuals served by Public Housing Authorities-- according to administrative data provided by HUD-- in Washington State at any point during calendar year 2013, who also received a DSHS service in calendar year 2013. The study population excludes clients whose only DSHS service in 2013 was child support enforcement. A comparison group was created using DSHS clients who were not served by PHAs. While this group is described throughout the report as not receiving PHA assistance, it should be noted that some of these DSHS clients could have received housing assistance from other programs not administered by PHAs or not reflected in the HUD data.

DATA SOURCES

HUD provided personal identifiers and data on receipt of housing assistance for all individuals who lived in federally assisted housing administered by Public Housing Authorities in Washington State. The identifiers were used to link the HUD housing assistance records to various state administrative data systems contained in the DSHS Integrated Client Data Databases (ICDB).

The ICDB, as described in Mancuso (2014), is “a longitudinal client database ... containing over a decade of detailed service risks, history, costs, and outcomes. ICDB is used to support cost-benefit and cost-offset analyses, program evaluations, operational program decisions, geographical analyses and in-depth research. ... The ICDB draws information from over 30 data systems across and outside of DSHS and is created by extracting and matching client records for DSHS clients from administrative data collected by DSHS and other state data systems. The ICDB includes the following for each client, by date: personal identifiers such as name and date of birth; service history and service cost across DSHS administrations; demographics (race, ethnicity and gender); geography of residence and service; risk indicators, outcomes; birth and death records; medical diagnoses, costs and prescriptions (as indicated by claims data); alcohol and drug problems; mental illness indicators; housing stability; functional disability status; chronic health conditions; criminal justice encounters; incarcerations; and employment status and wages. ICDB information is monitored for consistency and accuracy.... Strict confidentiality standards are in place to ensure protection of personal client information.” For this report, the following sources of data were used from the ICDB:

- RDA’s Client Services Database provided a common identifier for linking client information from multiple data sources and measures of demographic and household characteristics.
- DSHS Automated Client Eligibility System (ACES) provided information about the receipt of Economic Services Administration’s Basic Food (SNAP) and TANF programs.
- ProviderOne (P1) provided information on chronic health conditions, injuries, emergency department utilization and hospital admissions and whether or not individuals had publicly funded medical coverage.
- Children’s Administration data provided information about the receipt of child welfare services.
- Physical and behavioral health indicators and use of services are based on data from multiple systems including ProviderOne, the DBHR Consumer Information System, and Washington State Patrol arrest records.
- Washington State Employment Security Department (ESD) Unemployment Insurance wage data provided information on quarterly earnings, which was used to create a measure of employment status (an individual was considered employed if he or she had greater than zero earnings in a year).

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Copies of this paper may be obtained at www.dshs.wa.gov/rda/ or by calling DSHS' Research and Data Analysis Division at 360.902.0701.
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