

# Housing Service Disparities Among Adults Experiencing Homelessness in Washington State

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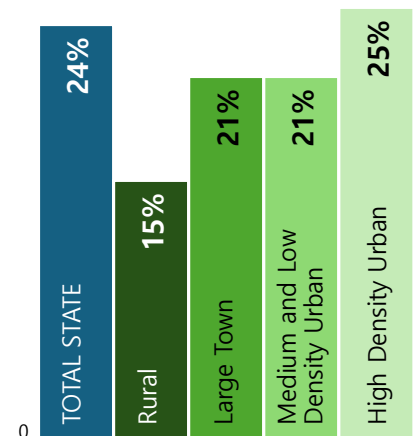
Prepared for the Department of Commerce

**A**DULTS EXPERIENCING HOMELESSNESS face a lack of affordable housing and economic opportunities potentially compounded by limited healthcare access and social stigma (Saldua, 2023). While individual and collective resilience are routinely demonstrated when encountering such hardships (Ketel & Abdoli, 2024), there remains a need for suitable housing services for people experiencing homelessness, together with opportunities to receive treatment and to address other social determinants of health (Saldua, 2023). In this report, we used linked administrative data from Washington State to estimate the percentage of adults experiencing homelessness in State Fiscal Year (SFY) 2023 who accessed state or federally funded homelessness or housing services as recorded in the Department of Commerce's Homeless Management Information System (HMIS). Of the estimated 186,469 adults experiencing homelessness in SFY 2023, 24 percent received housing services, but rates differed by county, race/ethnicity, and age, signaling potential disparities in housing services access.

## Key Findings

- 1. American Indian or Alaska Native (AIAN), Black or African American, and Native Hawaiian or Pacific Islander (NHPI) adults disproportionately experience homelessness in Washington State.** The percentages of AIAN, Black, and NHPI of adults experiencing homelessness are between 3 and 10 points above those for the State's entire population.
- 2. Among those experiencing homelessness, higher proportions of adults in urban counties access housing services (25 percent) than in non-urban counties (15-21 percent; Figure 1).** This trend held across race/ethnic groups, though the urban-rural service gap was greatest for AIAN and Black adults (both had a ~14-point difference in access between rural and urban counties).
- 3. Younger adults and those with limited English proficiency accessed housing services less often than those in the overall population, while older individuals and those with indicators of health needs accessed housing services more often.** For example, 24 percent of all adults experiencing homelessness accessed housing services, while 18 percent of adults ages 25-34 and 19 percent for those with limited English proficiency accessed housing services. In contrast, 42 percent of adults ages 65 and older, and 41 percent of adults who had an inpatient psychiatric hospitalization or SUD treatment accessed housing services.

FIGURE 1.  
Percent of Adults Accessing Housing Services by County Urbanicity SFY 2023



# People Who Experience Homelessness in Washington State

**The number of individuals experiencing homelessness has increased over the past years.** In SFY 2023 an estimated 229,243 individuals experienced homelessness for at least one night—a 10 percent increase since SFY 2016 (Figure 2). Approximately 80 percent of those experiencing homelessness in SFY 2023 (n=186,469) were adults.

**Among adults experiencing homelessness in SFY 2023, some racial groups were disproportionately experiencing homelessness.** For example, people who are AIAN represent 4 percent of Washington’s total population but more than 7 percent of adults experiencing homelessness. Similarly, Black or African American and NHPI adults were also overrepresented among the population experiencing homelessness (data not shown).<sup>1</sup>

FIGURE 2.  
Number of Individuals Experiencing Homelessness SFY 2016-2023

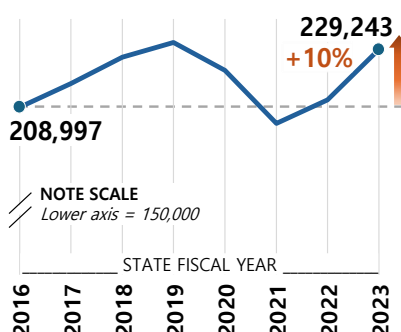
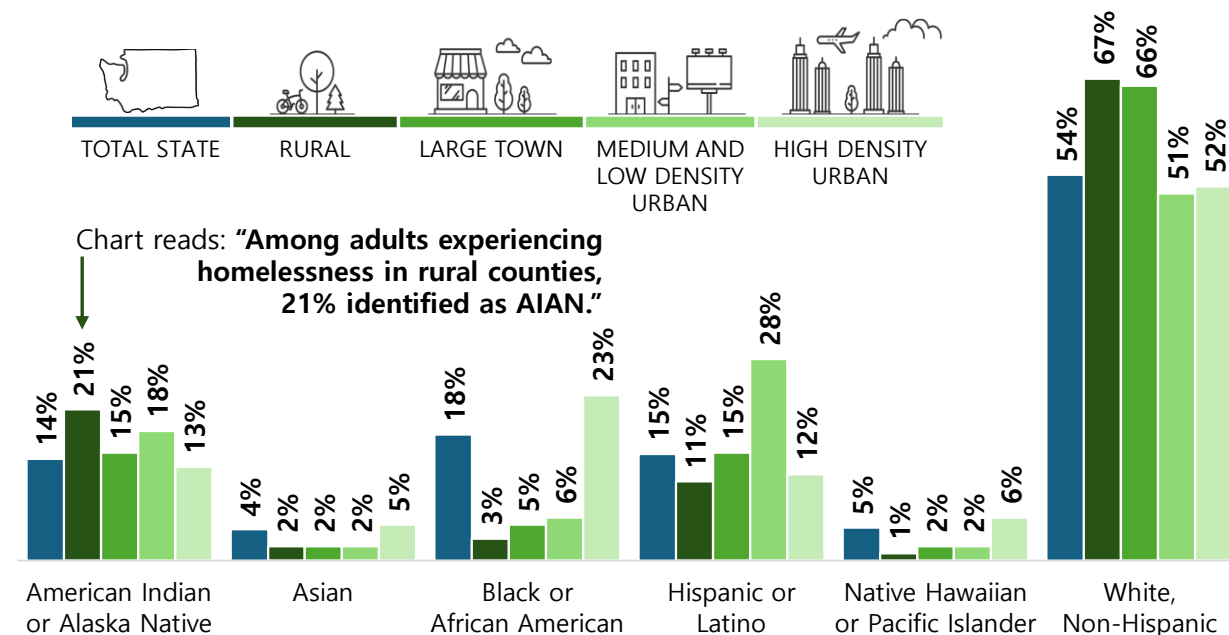


FIGURE 3.  
Race/Ethnicity of Adults Experiencing Homelessness by County Urbanicity SFY 2023



**SOURCES:** DSHS-RDA's ICDB. Race/ethnicity groups are not mutually exclusive except for White, non-Hispanic.

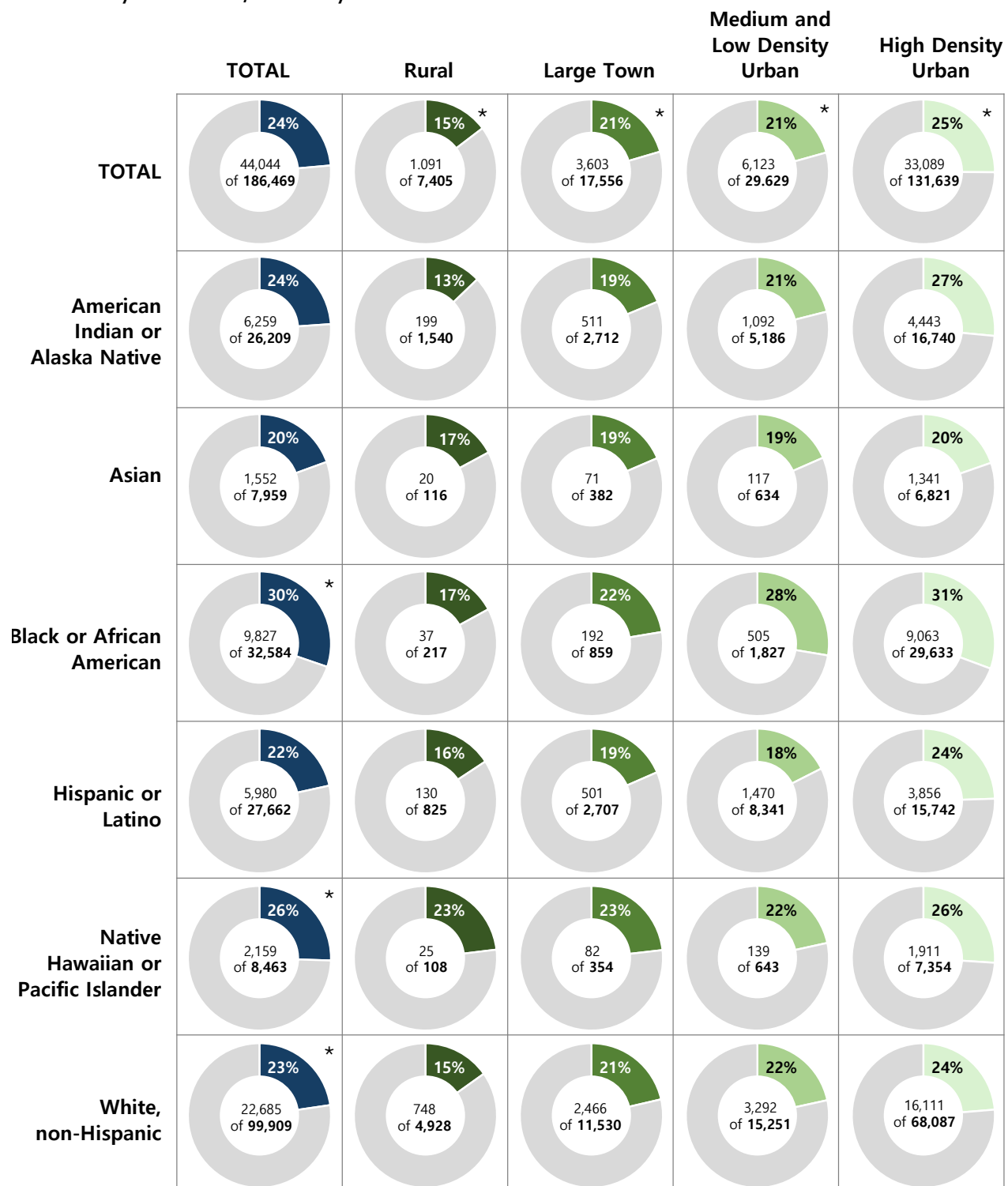
**Racial disparities in experiencing homelessness varied by county-level urbanicity (Figure 3).** A higher percentage of adults experiencing homelessness in rural counties identified as AIAN (21 percent) than statewide (14 percent); Black or African American, and Native Hawaiian or Pacific Islander (NHPI) populations who experienced homelessness were relatively concentrated in urban high-density counties (23 percent and 6 percent, respectively); and Hispanic or Latino individuals experiencing homelessness had a relatively higher concentration in medium and low density urban counties (28 percent).

<sup>1</sup> This finding is based on Census population data (U.S. Census Bureau, n.d.) compared with point-in-time homelessness counts (U.S. Department of Housing and Urban Development (n.d.)) but is mirrored in the Department of Social and Health Service Research and Data Analysis Division's Integrated Client Databases (ICDB) homelessness counts (Washington State Office of Equity, 2025). All other results presented are based on the ICDB.

# Access to Housing Services in Washington State

FIGURE 4.

Percent of Adults Experiencing Homelessness who Access Housing Services by County Urbanicity and Race/Ethnicity SFY 2023



\* = Statistically significantly different from their comparison population (p<0.0001) (see Technical Notes).

SOURCES: DSHS-RDA's ICDB. Race/ethnicity groups are not mutually exclusive except for White, non-Hispanic.

**Across the state, 24 percent of the adults experiencing homelessness in SFY 2023 accessed housing services through Washington’s homeless housing service systems**, including street outreach programs, emergency shelters, and participation in homeless prevention programs, transitional housing, rapid re-housing, permanent supportive housing, and permanent housing.

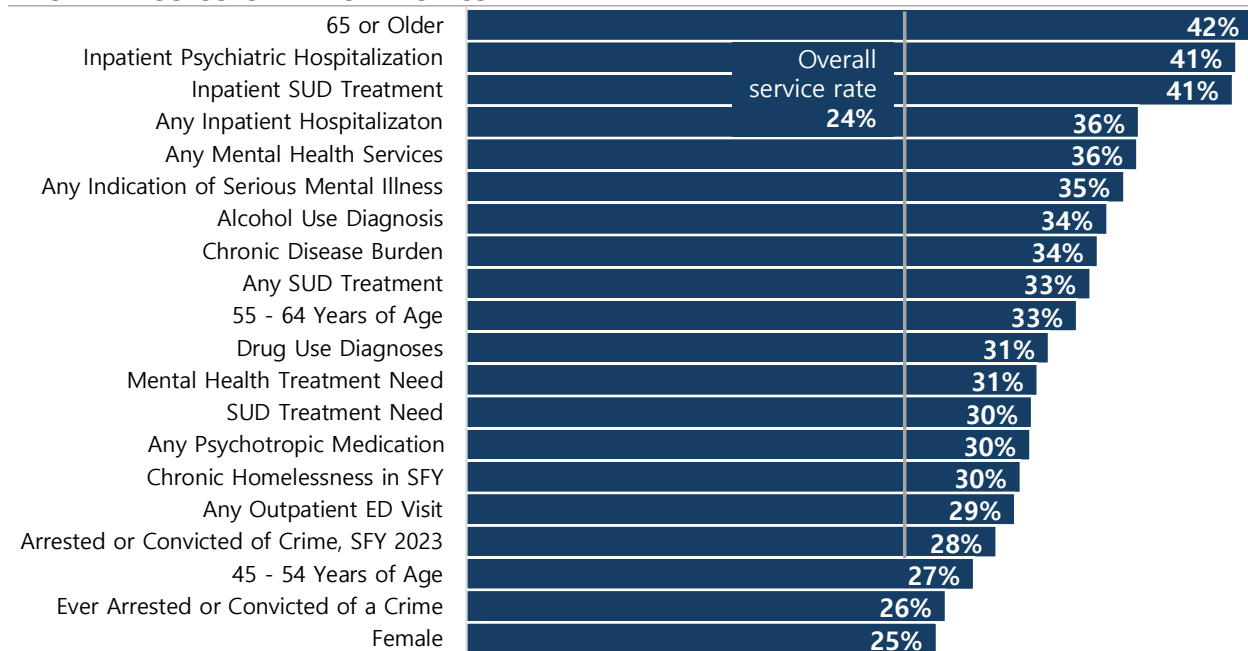
**Greater proportions of adults in urban counties accessed housing services (25 percent) than in non-urban counties, and rates of access were lowest in rural counties (Figure 4).** The lower housing service rate in rural counties (15 percent) is likely due to sparsely populated counties having fewer service providers. The urban-rural gap in service provisions holds for all race/ethnic groups. Overall, higher proportions of Black adults experiencing homelessness accessed housing services (30 percent) than other race/ethnic groups (20-26 percent). This finding may be driven by the higher proportion of Black adults experiencing homelessness who were residing in urban counties, where access to housing services is greater. However, the gap in service access for Black adults between rural and urban counties was greater than for other race/ethnic groups, excepting AIAN adults who had a similarly large discrepancy in access to housing services by county urbanicity.

**Older adults or those with a range of health service use and need indicators accessed housing services at a higher rate than younger individuals or those without the same health service and need indicators (Figure 5).** Lower proportions of males, those with limited English proficiency, and younger adults accessed housing services at a lower rate than their comparison group.

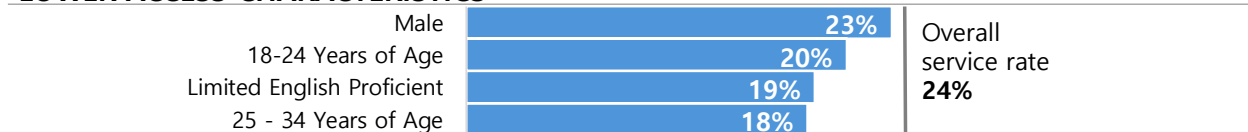
FIGURE 5.

## Percent of Adults Experiencing Homelessness who Access Housing Services by Demographic and Health Measures SFY 2023

### HIGHER ACCESS CHARACTERISTICS



### LOWER ACCESS CHARACTERISTICS



**SOURCES:** DSHS-RDA’s ICDB. Among adults experiencing homelessness, the characteristics reported in this figure are a subset that distinguish individuals with the named characteristic from others without the characteristic where that difference was statistically significant at ( $p < 0.0001$ ) (see Technical Notes).

## TECHNICAL NOTES

### OVERVIEW AND STUDY POPULATION

This brief reports on 186,469 adults 18 years of age or older as of July 1, 2022, who were identified as experiencing homelessness in Washington State anytime in SFY 2023 (July 1, 2022, to June 30, 2023) based on data in the Department of Social and Health Service Research and Data Analysis Division's Integrated Client Databases (ICDB; Mancuso & Huber, 2021). We report the percentage of adults experiencing homelessness by race/ethnic group and county-level urbanicity. We then report the percentage of adults experiencing homelessness who received housing services in any month in SFY 2023 through Washington's homeless housing service systems, again broken down by race/ethnic group and county-level urbanicity, but also by other characteristics and experiences of the adults experiencing homelessness. Housing services included street outreach programs, emergency shelters, and participation in homeless prevention programs, transitional housing, rapid re-housing, permanent supportive housing, or permanent housing.

### MEASURES AND DATA SOURCES

Identification of the study population, demographic information, arrest records, and data on behavioral health needs and treatment services are based on information from the ICDB. The ICDB contains data from several state administrative data systems, including the state's ProviderOne Medicaid Management Information System, the Automated Client Eligibility System (ACES), Washington's Homelessness Management Information system (HMIS), and arrest records maintained by the Washington State Patrol, among others. The ICDB was explicitly designed to support evaluation of health and social service interventions in Washington State and for the production of performance and monitoring measures. Apple Health (Washington's Medicaid program) and other medical coverage information was derived from eligibility codes recorded in ProviderOne. Medical claims data for individuals with third-party liability coverage or those individuals dually enrolled in Medicaid and Medicare may be incomplete.

**County of Residence.** Taken from RDA's Client Services Database (CSDB), the county of residence is where the client resided as of the end of each month. The county of residence for the entire SFY was assigned as the county with the most number of months of residence in that SFY. In case two or more counties tied for the most number of months of residence in the SFY, the county for the year is randomly selected from among the tied counties.

**County-Level Urbanicity.** The four-level rural-urban classification of Washington counties is based on 2017 population size, population density, and urbanized population size and share. The classes are based on combinations of Rural-Urban Commuting Area Codes (RUCA; <https://www.ers.usda.gov/data-products/rural-urban-commuting-area-codes/>) that are revised by RDA in collaboration with the Washington State Department of Health to account for local conditions such as access to largest urban centers (Sharkova, 2018).

**Race/Ethnicity.** All groups shown are alone or in combination with other races or ethnicities (i.e., not mutually exclusive) except for White, non-Hispanic.

**Age.** Age was calculated as of July 1, 2022.

**Arrests and Convictions.** Arrest indicators were based on offenses reported to the Washington State Patrol (WSP), which include arrests or felonies, gross misdemeanors, and other offenses. WSP records arrests regardless of conviction status. Some less serious misdemeanor offenses or non-criminal infractions handled by local law enforcement agencies are not required to be reported in the WSP database and, consequently, are excluded from this measure. Convictions were identified as a charge that resulted in a conviction by the Criminal Justice System (CJS).

**Chronic Homelessness.** Individuals were identified as experiencing chronic homelessness if there was some indication that they experienced 1) homelessness every month in SFY 2023; 2) homelessness four or more times in SFY 2021, 2022, or 2023 AND were homeless for a total of 12 months or more; or 3) chronic homelessness as recorded in HMIS.

**Limited English proficiency (LEP).** Using information compiled from client records in the ICDB originating from DSHS and state-administered health services, clients were flagged as having LEP if they had indications of LEP within the past 2 years recorded anytime in SFY 2023.

**Health and Health Service Use.** Measures related to health and health service use were reported only for individuals with at least 1 month of Apple Health Coverage (defined below) in the prior 12 months.

- **Inpatient Hospitalization.** Hospitalizations in SFY 2023 in general medical settings were identified from Medicaid claims and encounters in ProviderOne. The data do not include complete claims information for individuals dually enrolled in Medicare or with third-party liability coverage.
- **Outpatient Emergency Department.** Outpatient visits in SFY 2023 in hospital emergency departments were identified from Medicaid claims and encounters in ProviderOne. The data do not include complete claims information for individuals dually enrolled in Medicare or with third-party liability coverage.

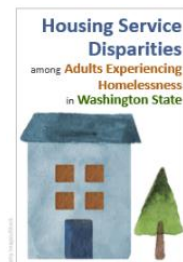
- **Serious Mental Illness.** A client was flagged as having a serious mental health condition if a client was assigned in SFY 2022 or SFY 2023 to the Psychiatric High, Medium, or Medium Low Chronic Illness and Disability Payment System (CDPS) categories based on diagnosis data available in ProviderOne, the Behavioral Health Data System, and the DSHS Aging and Long-Term Services Administration's CARE database.
- **Chronic Disease Burden.** Chronic illness risk scores from SFY 2023 were based on diagnoses and prescriptions were calculated from health service diagnoses and pharmacy claim information, with scoring weights based on a predictive model associating health conditions with future medical costs (Gilmer et al., 2001; Kronick et al., 2000). Individuals with a risk score greater than that of the average disabled Medicaid recipient (calibrated to the Washington State Medicaid population) were flagged as having chronic illnesses. Scores were classified as low (<0.25), medium (0.25 – 1), or high (>1).
- **Mental Health Treatment Need.** A mental health treatment need was indicated for any individual who, in SFY 2022 or 2023, 1) was diagnosed with a condition that likely requires treatment from a mental health professional, including psychotic, mania/bipolar, depressive, anxiety, attention deficit and/or hyperactive, impulse control/conduct, trauma/stressor, somatoform, factitious, or eating disorder, select personality disorder, suicidal ideation or suicidal self-harm behavior, or other mental health conditions; 2) had an antipsychotic, antimania, antidepressant, antianxiety, or ADHD prescription filled; 3) received inpatient or outpatient mental health services; and/or 4) received behavioral rehabilitation services from the Department of Children, Youth, and Families.
- **Substance Use Disorder Treatment Need.** A substance use disorder (SUD) treatment need was indicated for any individual who, in SFY 2022 or 2023, 1) was diagnosed with an alcohol or drug use disorder (e.g., opioids, cannabis, sedatives, stimulants, etc.) or alcohol- or drug-use-related overdose/poisoning and/or self-harm; 2) had a prescription filled for medication for opioid or alcohol use disorder treatment; 3) received any SUD treatment services; and/or 4) was arrested for a substance-related offense (e.g., driving while under the influence, possession of unlawful substance, etc.).
- **Alcohol Use Diagnosis and/or Drug Use.** Diagnoses were identified in SFY 2022 and 2023 using claim-level ICD-10 diagnosis data obtained from the Health Care Authority's ProviderOne Medicaid billing system and parallel records in other ICDB data sources. Specific diagnosis codes were grouped into families of related disorders based on similarities in their underlying pathology and symptoms.
- **Psychotropic Medication.** Receipt of psychotropic medication in SFY 2022 or 2023 was identified using prescription data obtained from ProviderOne. Medications primarily used to treat different types of diagnosed mental health conditions were grouped into families using National Drug Code identifiers.
- **Substance Use Disorder Services.** Receipt of any substance use treatment in SFY 2023 was identified using data obtained from ProviderOne, DBHR, and BHSS including outpatient SUD treatment, opiate SUD treatment, inpatient residential SUD treatment services, and substance use disorders from ICD-10 diagnosis data.
- **Any Mental Health Services.** Service encounter records in ProviderOne and the Behavioral Health Data System were used to track outpatient mental health services in SFY 2023. Specific service modalities were identified using the Division of Behavioral Health and Recovery's (DBHR) Service Encounter Reporting Instruction (SERI) categories and Healthcare Common Procedure Coding Systems (HCPCS) codes and/or Current Procedure Terminology (CPT) codes.
- **Psychiatric Hospitalization.** Information on inpatient stays for mental health treatment in SFY 2023 was obtained from ProviderOne, the Behavioral Health Data System (BHDS; HCA data system with mental health disorder records), and state hospital records. Inpatient service spans were transformed into monthly flags that indicated whether a client received inpatient treatment in any given month and year.

## STATISTICAL TESTING

Statistics on the percentages of adults accessing housing services in Figures 4 and 5 for various subpopulations of adults experiencing homelessness are unadjusted estimates, i.e., not adjusted for differences in age or gender across groups. However, to test for statistical differences, we used a statistical approach— Generalized Estimating Equations (GEE; Zou, 2004). Parallel to logistic regression which estimates odds ratios with possible adjustment for other covariates, the GEE method used here involves a Poisson regression with robust error variance which estimates relative risks directly, adjusting for age and gender when appropriate. For each subpopulation, the comparison population is represented by the remainder not in the subpopulation (e.g., adults experiencing homelessness with an alcohol use diagnosis compared to adults experiencing homelessness without an alcohol use diagnosis). Due to large sample sizes, p-values < 0.0001 were considered statistically significant. Figure 4 displays statistics by race/ethnic group and urbanicity regardless of statistical significance, whereas Figure 5 displays information for subgroups determined to be statistically significantly different from their comparison group; this decision was made to improve readability.

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