



Homelessness and the Working-Age Disabled

REPORT 3.33 | Prepared for the Mental Health Transformation Evaluation Workgroup



Alcohol and/or Drug Problems and Mental Illness are Key Risk Factors for Homelessness among Working-age Disabled DSHS Clients

By DSHS Research and Data Analysis Division

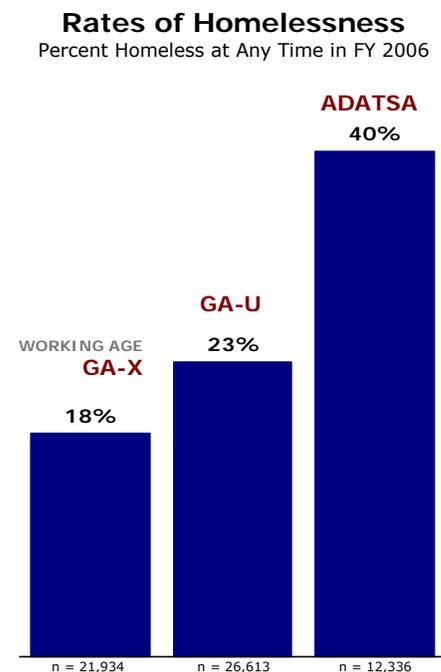
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THIS REPORT examines rates of homelessness among adults who receive DSHS medical coverage through the General Assistance Presumptive SSI (GA-X), General Assistance Unemployable (GA-U), or Alcoholism and Drug Addiction Treatment and Support Act (ADATSA) programs. These clients are known as “working-age disabled” because they are non-elderly adults who have been formally assessed to qualify for DSHS medical coverage due to a short- or long-term disability.

To be eligible for the ADATSA program, the client must have a substance use disorder as their primary disability. To qualify for the GA-X or GA-U programs, the client must have a *primary* physical or mental disability other than substance abuse—although a significant proportion of GA-X and GA-U clients also suffer from substance use disorders.

How do we define homelessness? For each client who received GA-X, GA-U, or ADATSA medical coverage in FY 2006, we identified whether they had experienced a spell of homelessness in FY 2006, based on housing status information contained in the DSHS Automated Client Eligibility System (ACES).¹ Spells of homelessness were defined to include any of the following:

- Being homeless “without housing” (for example, living on the street).
- Being homeless “with housing” (for example, temporarily living with friends).
- Staying in a battered spouse or emergency housing shelter.



DSHS RDA Client Outcomes Database, January 2008.

Key Findings

Being homeless “without housing” accounted for slightly more than half of the spells of homelessness identified in this study, with spells of homelessness “with housing” accounting for most of the remainder. Relatively few clients were identified as having stayed in a battered spouse or emergency housing shelter. We found variation across the three coverage groups in the risk of homelessness:

- Two in five ADATSA clients had a spell of homelessness in FY 2006, compared to about one in four GA-U clients and one in five adults enrolled in GA-X coverage.

What accounts for differences in the risk of homelessness across the three client groups? Benefit levels may be part of the story. Clients enrolled in GA-X coverage are eligible for full Medicaid which includes broader medical and mental health benefits than GA-U or ADATSA coverage.

The variation in risk of homelessness also may be due to underlying differences in health characteristics—in particular differences in the prevalence of mental illness and substance use disorders in the three populations. *We turn next to that issue.*

¹ Homelessness spells may be under represented.

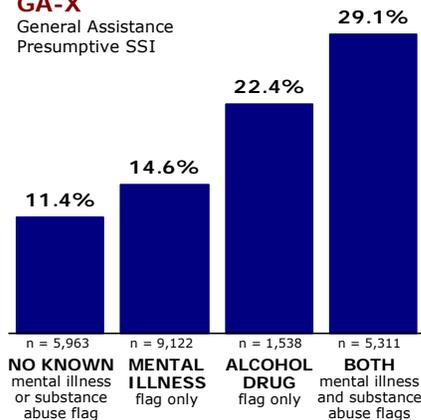
Detail on Client Groups

Percent Homeless at Any Time in FY 2006

WORKING AGE

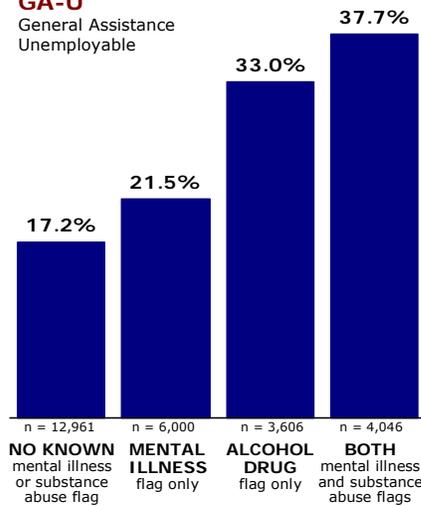
GA-X

General Assistance
Presumptive SSI



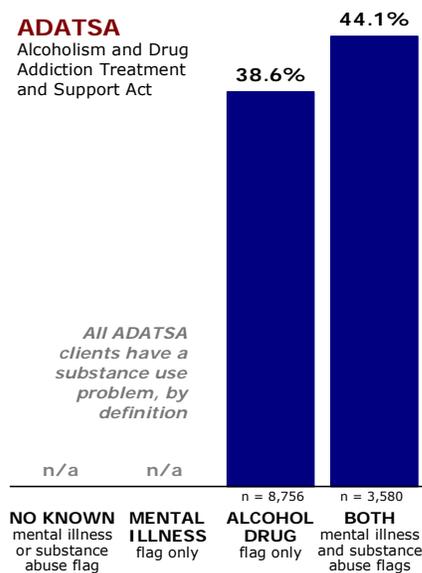
GA-U

General Assistance
Unemployable



ADATSA

Alcoholism and Drug
Addiction Treatment
and Support Act



Alcohol/drug problems and mental illness contribute to homelessness

We used administrative data to identify whether a client had indications of mental illness, a substance use problem, or co-occurring mental illness and substance abuse. For this analysis, mental illness was identified by the presence of a mental illness diagnosis in the client's Medicaid Management Information System (MMIS) claims or by receipt of DSHS Mental Health Division services in FY 2006.

Alcohol/drug problems were identified by the presence of any of the following conditions in FY 2006:

- A diagnosis of a substance use disorder in MMIS claims.
- Receipt of chemical dependency treatment or detox services.
- A substance use related arrest.

Within each group, clients with alcohol/drug problems were at far greater risk of experiencing homelessness than clients without alcohol/drug problems. Risk of homelessness was greatest among clients with co-occurring indicators of mental illness and substance abuse. The additional risk of homelessness associated with mental illness is significant, but not as great as the risk associated with substance abuse.

Part of the overall difference in risk of homelessness across the three client groups is accounted for by differences in the prevalence of mental illness and substance use disorders in the three populations. For example, GA-X and GA-U clients with indications of substance abuse have rates of homelessness approaching the level observed among ADATSA clients. However, rates are lower for GA-X clients than GA-U clients, even after controlling for differences in the prevalence of mental illness and substance abuse.

This suggests that more generous medical and mental health benefits for GA-X clients may be playing a role in reducing the risk of homelessness.

DEMOGRAPHICS

	GA-X n=21,934	GA-U n=26,613	ADATSA n=12,336
Age			
18-24	10%	11%	20%
25-34	16%	17%	30%
35-44	26%	28%	31%
45-54	35%	33%	17%
55-64	13%	11%	2%
Gender			
Female	44%	40%	33%
Male	56%	60%	67%
Race Ethnicity			
Asian/Pacific Islander	3%	3%	1%
Black	10%	12%	9%
Hispanic	6%	7%	7%
Native American	3%	4%	9%
White non-Hispanic	76%	72%	73%
Other	2%	2%	1%

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<http://www1.dshs.wa.gov/RDA/>

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