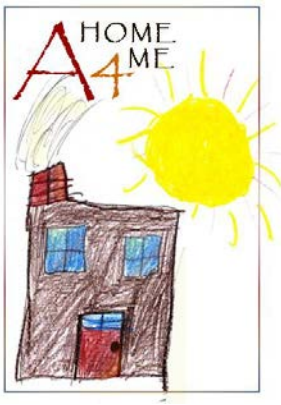

Characteristics of Housing Assistance Recipients in Metropolitan Seattle-Tacoma: 2013

DSHS clients served by the King County, Seattle and Tacoma Housing Authorities

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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. Using the U.S. Department of Housing and Urban Development (HUD) data for 2011, Washington State Department of Social and Health Services (DSHS), Research and Data Analysis Division (RDA) published a report describing assisted-housing recipients served by King County, Seattle, and Tacoma PHAs (Galvez *et al* 2014). 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. This is an update based on 2013 HUD data. We examined three questions about 64,000 recipients of federal housing assistance administered by the King County, Seattle, and Tacoma PHAs:

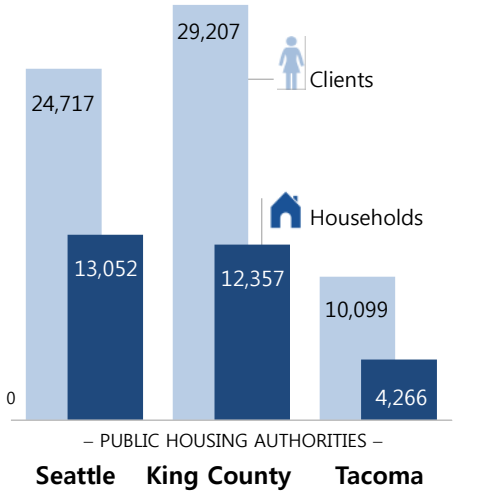
1. **Do DSHS and PHAs serve the same clients?**
2. **What are the characteristics of jointly served PHA-DSHS clients?**
3. **To what extent do PHA clients differ from other DSHS clients?**

Key Findings

- Almost all (97 percent) of 2013 PHA clients have been DSHS clients at some point; 89 percent received a DSHS service in 2013.
- Medical coverage (83 percent) and Basic Food (94 percent) were the most common social or health services received by PHA recipients.
- 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.
- Compared to 2011, there were proportionally more minorities in the jointly served DSHS-PHA population in 2013, and rates of TANF receipt had decreased among children and adults (coinciding with program policy changes).

Served by DSHS and Seattle, King County or Tacoma Housing Authorities

CY 2013 • TOTAL CLIENTS = 64,023 • HHs = 29,675



Washington State Department of Social & Health Services
Transforming lives

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 35 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.

With some exceptions, housing assistance is permanent as long as the recipient household remains eligible and in compliance with program rules. Housing is not available for everyone who qualifies for assistance, and PHAs maintain waiting lists for each program or property. In the Housing Choice Voucher program, vouchers are awarded through a lottery.

Local PHAs administer two broad types of housing assistance represented in the HUD Public and Indian Housing Information Center (PIC) data used for this study:

PUBLIC HOUSING

- Public Housing is for eligible low-income families, older adults, and people with disabilities. Eligibility is based on annual gross income and United States citizenship or eligible immigration status. Public housing 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 area median income (AMI) to qualify for public housing, but PHAs often give preference to households that are homeless or have incomes below 30 percent of AMI.

HOUSING CHOICE VOUCHERS

- HCV (also known as Section 8 vouchers) provide rent subsidies used in private rental markets. They 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 AMI to qualify. Assisted households and PHAs each pay their portion of monthly rent to the landlord. Vouchers are portable to allow recipients choice in moving to a wider range of neighborhoods and properties.

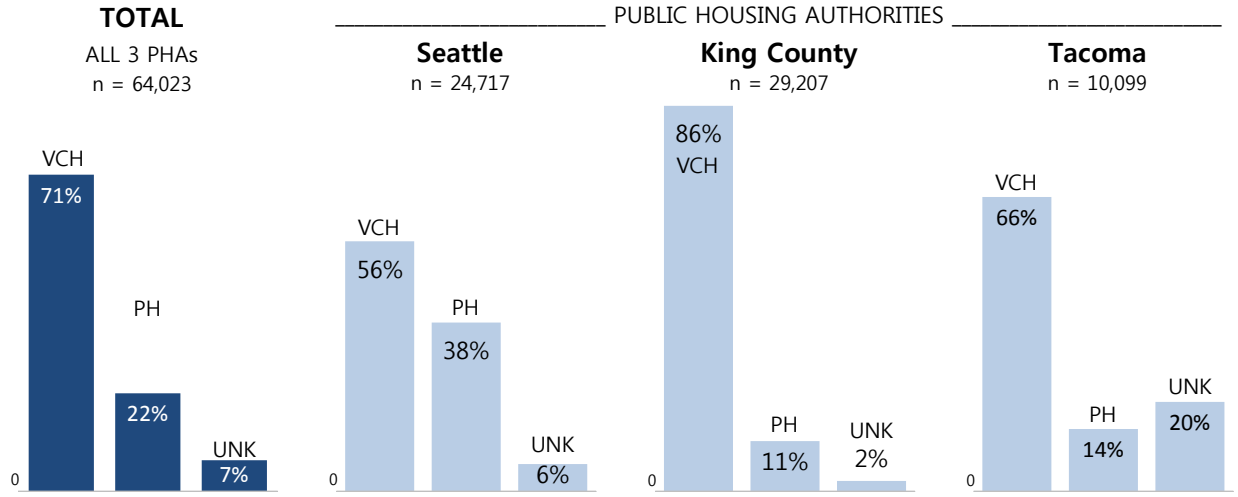
HUD's Office of Multifamily Housing Programs uses the Tenant Rental Assistance Certification System (TRACS), to administer place-based assistance for the elderly or persons with disabilities, or with other forms of assistance, such as the new construction or rehabilitation of housing through Project-Based Section 8, Section 202, Section 811 and other multifamily housing.

It is important to note that the current study is at the PHA level and includes information from PIC only, excluding 9,096 clients from TRACS in the study area.

Seattle, King County and Tacoma PHA Clients

In 2013, almost half (47 percent) of PHA clients statewide live in one of the three PHA jurisdictions included in this report: King County Housing Authority (KCHA), Seattle Housing Authority (SHA), or Tacoma Housing Authority (THA). [1] At these PHAs, tenant-based Housing Choice Vouchers and Public Housing account for 71 percent and 22 percent of all assistance provided, respectively. We were unable to determine the specific housing program serving seven percent of clients, where PIC program type was unknown.

PHA-DSHS Clients by PHA and Housing Program Type, CY 2013



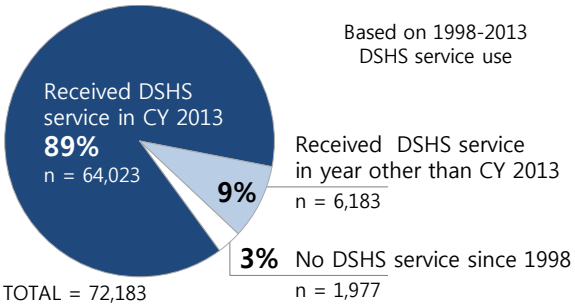
VCH = Tenant Based Voucher • **PH** = Low Income Public Housing • **UNK** = Program housing type is missing

Q1. Do DSHS and PHAs serve the same clients?

Shared PHA-DSHS clients in CY 2013

The King County, Seattle and Tacoma PHAs served 72,183 individuals for at least one month in 2013. Nearly all of these clients (97 percent) had received a DSHS service at some point since 1998, and 89 percent of them—jointly served clients—received a DSHS service in 2013. The percentage of jointly served clients is five percent higher than reported for 2011. Those 64,023 clients jointly served in 2013, represent nine percent of individuals served by DSHS, are the focus of this report.

Nearly All Housing Authority Clients Received a DSHS Service



Public Housing Authority Service Areas

[1] The geographic boundaries used to reflect the PHA jurisdictions are the Cities of Tacoma and Seattle and King County (minus the City of Renton, which has its own PHA).

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

We describe the demographic characteristics, social and health service use and employment for clients jointly served by DSHS and PHAs in 2013. We compared the results to the 2011 report which utilized the data from the same three PHAs.

Demographics and household composition

The majority (58 percent) of PHA residents are female. Non-Hispanic whites represent 26 percent of all PHA clients. More than two-thirds (70 percent) are non-white minority, and nearly half (49 percent) are African American. More than a third (38 percent) of all PHA households include at least one child under the age of 18 (Table 1). The share of households with children is higher for THA (49 percent) and KCHA (45 percent), and lower for SHA (28 percent). Among households without children, the majority (62 percent) are single adults living alone in SHA. Forty percent of single adults live alone in KCHA and THA. Consistent with serving fewer households with children, SHA clients are older than KCHA or THA clients.

The demographics in this report are roughly similar to those reported for 2011. One exception is the four percent increase in the proportion of African American clients served by the three PHAs. This increase was most evident in KCHA (seven percent) relative to SHA and THA (two percent). While the overall household composition was similar to what was reported for 2011, the proportions of single adults with children decreased in SHA (three percent) and increased in KCHA (four percent) and THA (six percent); the proportions of single adults with no children remain unchanged in KCHA but increased in THA (four percent) and SHA (three percent).

Overview of 2013 social service use for individuals with PHA assistance

Overall, medical coverage and the Basic Food program were the most common services used by jointly served DSHS/HCA-PHA clients. This was particularly true among children: nearly all PHA-assisted children received medical coverage in 2013, and 94 percent received at least one month of Basic Food assistance. Among adults, medical coverage and the Basic Food program participation were followed by disability-related medical coverage and mental health services. As shown in the chart "Social service use in 2013", service use is similar across the three PHAs and consistently higher among children than adults. Except for Temporary Assistance for Needy Families (TANF), these service use patterns are similar to those reported for 2011. Due in part to policy changes with respect to time limits, TANF receipt decreased seven and 15 percent for adults and children, respectively.

Characteristics of Public Housing Assistance Recipients in Washington State: A profile of DSHS clients served by Public Housing Authorities in 2013

SEPTEMBER 2015

Characteristics of Housing Assistance Recipients from Three Public Housing Authorities: A profile of DSHS clients served by the Seattle, King County and Tacoma Housing Authorities, CY 2011

APRIL 2014

https://www.dshs.wa.gov/sesa/rda/research-reports

TABLE 1

Household Composition and Demographics

Joint PHA-DSHS/HCA Clients, 2013

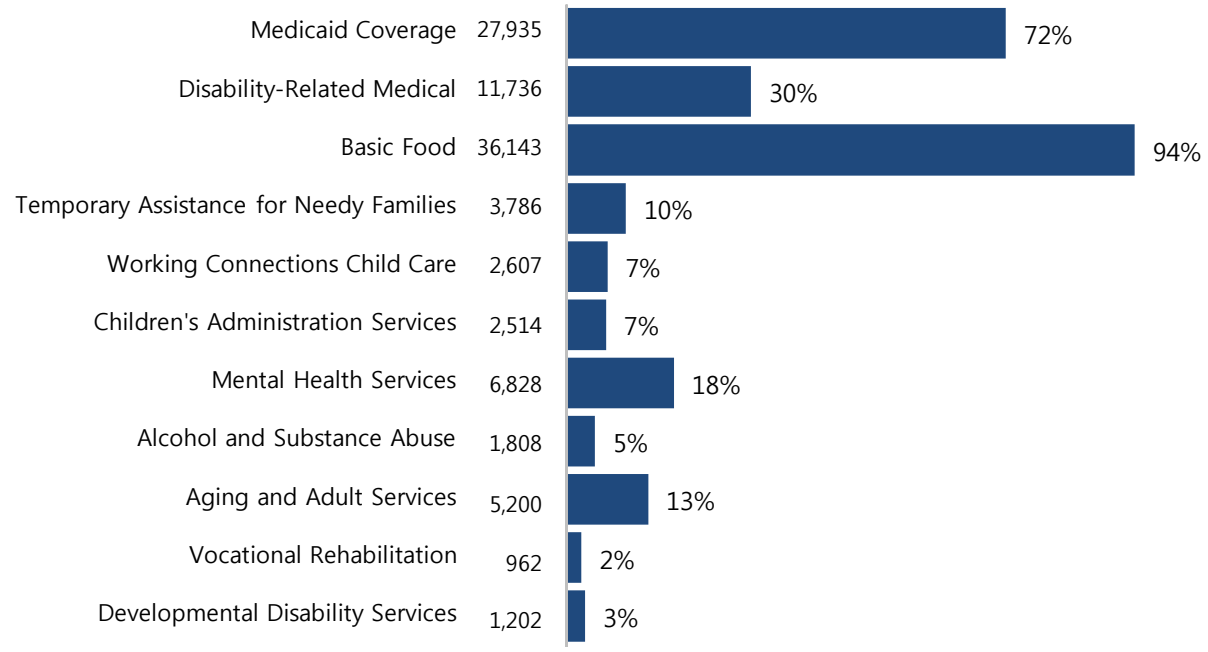
Individuals	PUBLIC HOUSING AUTHORITIES			TOTAL
	Seattle n = 24,717	**King County** n = 29,207	**Tacoma** n = 10,099	ALL 3 PHAs n = 64,023
Gender				
Male	45%	40%	39%	42%
Female	55%	60%	61%	58%
Race/ethnicity (all clients)[2]				
White only	20%	30%	29%	26%
Minority	76%	66%	68%	70%
Black	54%	45%	47%	49%
Native American	5%	6%	7%	6%
Hispanic	7%	11%	11%	9%
Hawaiian or Pacific Islander	4%	5%	5%	4%
Asian	15%	9%	9%	11%
Avg. age (head of household)	53.9	50.1	48.0	51.5
Age (all clients)	35.8	30.4	28.3	32.2
0 to 5 years	10%	11%	12%	11%
6 to 11 years	13%	16%	19%	15%
12 to 17 years	11%	15%	15%	13%
18 to 24 years	7%	9%	7%	8%
25 to 34 years	9%	10%	12%	10%
35 to 44 years	10%	11%	10%	10%
45 to 54 years	12%	10%	9%	11%
55 to 64 years	13%	8%	9%	10%
65 years and older	15%	10%	8%	12%

Households	PUBLIC HOUSING AUTHORITIES			TOTAL
	Seattle n = 13,052	**King County** n = 12,357	**Tacoma** n = 4,266	ALL 3 PHAs n = 29,675
Avg. household size	1.9	2.4	2.4	2.2
Households w/ children 0-17	28%	45%	49%	38%
Single adult w/ children 0-17	15%	26%	34%	22%
Single adult, no children	62%	40%	41%	50%

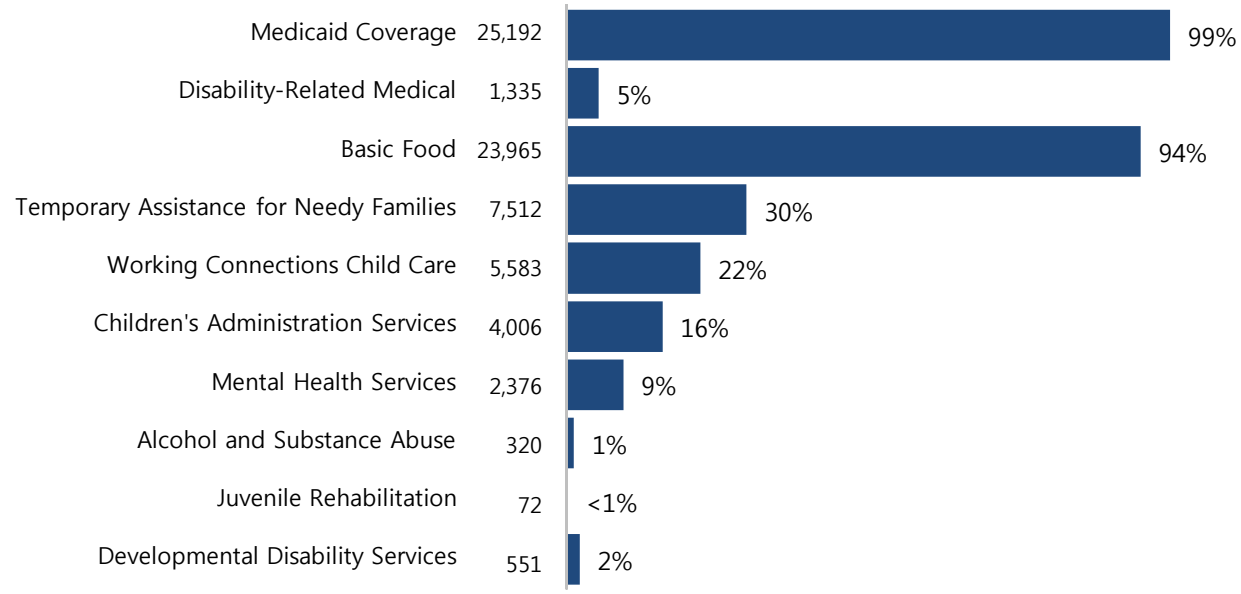
[2] Race/ethnicity is unknown for 3 to 4 percent in each PHA; thus, the total of "White only" and "Minority" is less than 100 percent. Persons of minority background may be counted in more than one subcategory based on self-reported information.

Social and health service use in 2013[3]

Adult housing assistance clients ages 18 and over with . . .
TOTAL = 38,648



Child housing assistance clients ages 0 to 17 with . . .
TOTAL = 25,375



[3] Excluded 24 people for whom service use was unknown.

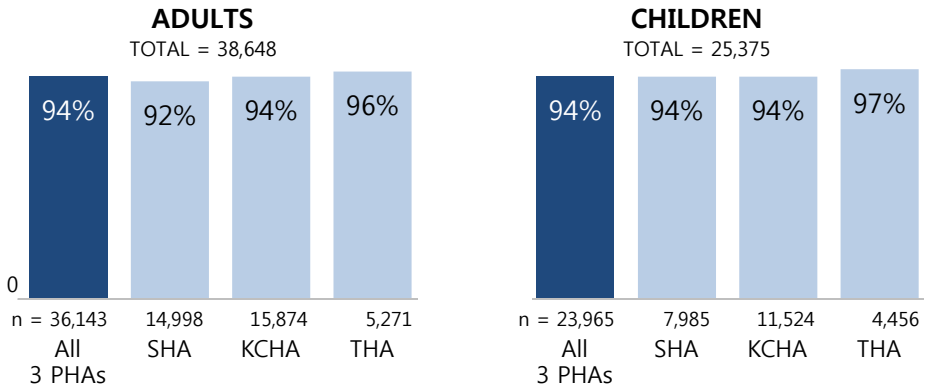
Economic Assistance

Nearly all PHA clients receive food support

Participation in the federally-funded Basic Food program, formerly known as Food Stamps, was high across the three PHAs, for both adults and children. Over 90 percent of all clients received food assistance for at least one month during 2013.

DSHS Basic Food Program Participation by PHA

PHA-DSHS CLIENTS
CY 2013

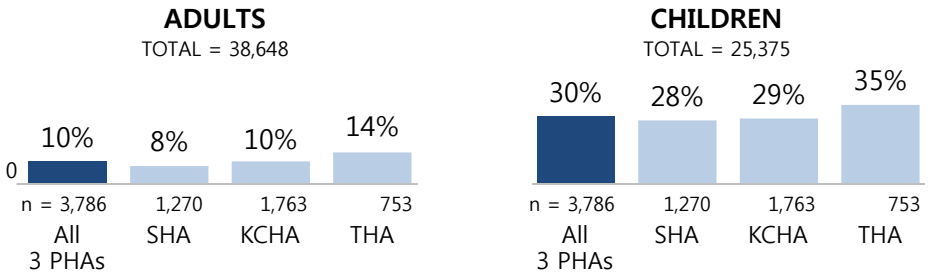


One-third of PHA-assisted children receive TANF

The TANF program provides cash assistance to low-income families with children. On average, 30 percent of all children and 10 percent of adults at the PHAs received at least one month of TANF assistance in 2013. Participation was similar across the three PHAs, with slightly higher rates for THA. Effective January 2011, DSHS began enforcing 60-month time limits for TANF, including new limits for children of non-citizen parents. As a result of these changes and an improving economy, the proportions of adults and children receiving TANF decreased seven and 15 percent, respectively, from 2011 to 2013.

DSHS TANF Participation by PHA

PHA-DSHS CLIENTS
CY 2013

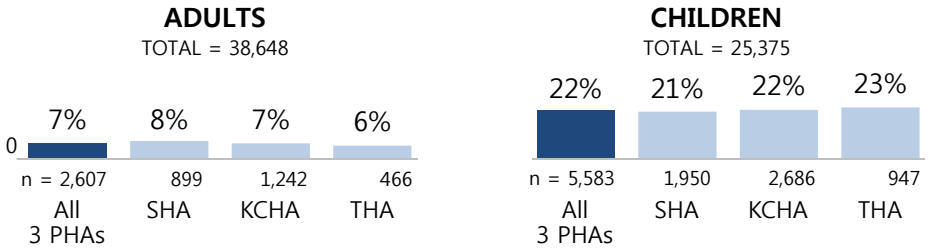


One-fifth of children received child care assistance

DSHS' Working Connections Child Care (WCCC) program helps low-income families pay for child care while working or meeting TANF WorkFirst participation requirements. Overall seven percent of adults and 22 percent of children received child care subsidies in 2013.

DSHS Working Connections Child Care Subsidy Receipt by PHA

PHA-DSHS CLIENTS
CY 2013



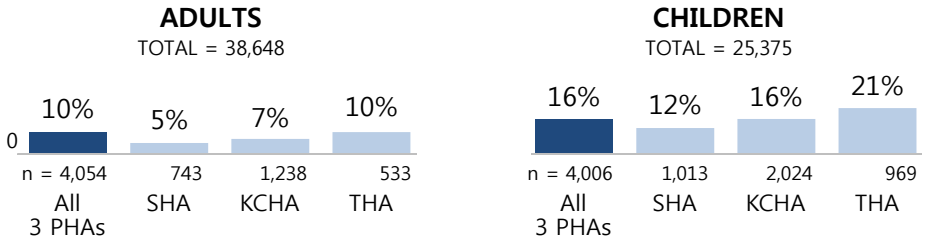
Child Welfare

Children's Administration serves 16 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 or action. Ten percent of PHA adults and 16 percent of PHA children were involved with the child welfare system in 2013, comparable to the level of involvement reported for 2011.

DSHS Children's Administration Involvement by PHA

PHA-DSHS CLIENTS
CY 2013



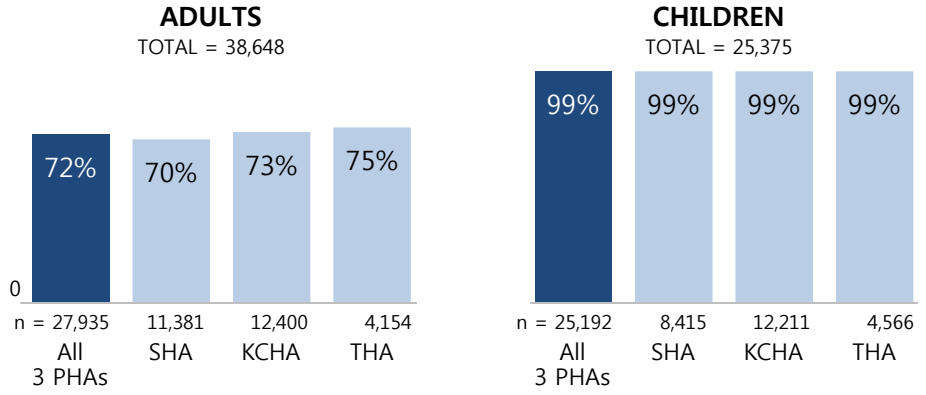
Medical Coverage

Nearly all children and three-quarters of adults have medical coverage

The Health Care Authority 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 Medicaid medical coverage in 2013; about one-third of adults received disability-related coverage. Coverage was similar across the PHAs and comparable to 2011.[4]

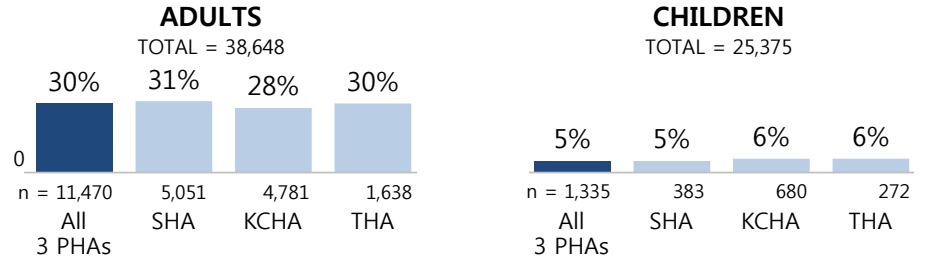
State Medicaid Coverage and Disability-Related Coverage by PHA

PHA-DSHS CLIENTS
CY 2013



Disability-Related Coverage for Adults by PHA

PHA-DSHS CLIENTS
CY 2013



[4] Note that these data reflect coverage prior to the 2014 Medicaid expansion.

Behavioral Health

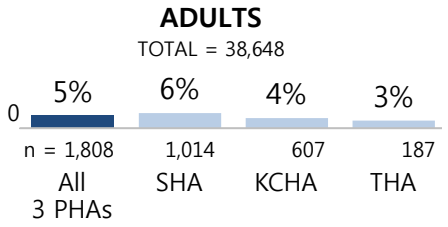
One in five adults uses mental health services

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

Use of AOD treatment services was relatively low across all three PHAs (5 percent). Use of mental health services was higher: eighteen percent of all jointly served PHA adult clients and 9 percent of all children received mental health services in 2013. Among adults, mental health service use was highest among SHA clients (20 percent) and lowest among THA clients (12 percent). Rates were comparable to those reported in 2011.

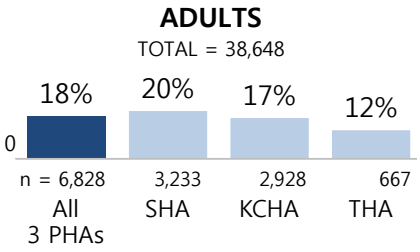
DSHS Alcohol and other Drug-Related Service Receipt by PHA

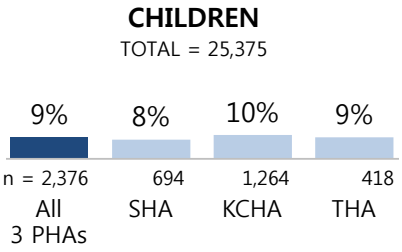
PHA-DSHS CLIENTS
CY 2013



DSHS Mental Health Service Receipt by PHA

PHA-DSHS CLIENTS
CY 2013





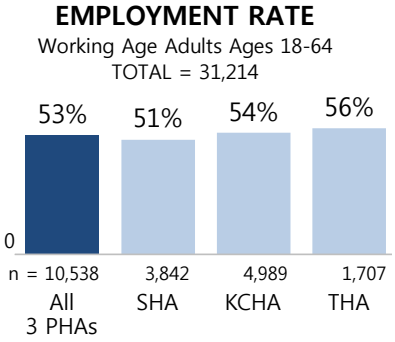
Employment

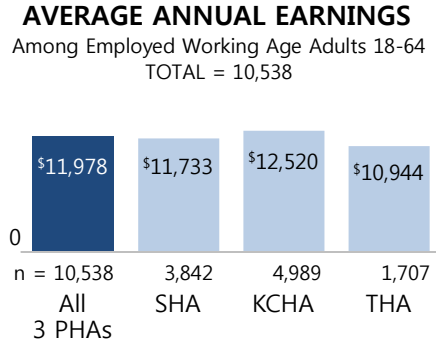
One-third of PHA clients reported earnings in 2011

The percentages below represent the share of non-disabled, working age adults employed at any time in 2013, according to earnings reported to the state's Employment Security Department. Overall, 53 percent of all DSHS-PHA clients had employment earnings in 2013.[5] Among PHA residents with reported employment, average annual earnings from employment were quite low ($11,978). Note that earnings are for individual wage earners and do not reflect total household income from all sources.

Workforce Outcomes by PHA

PHA-DSHS CLIENTS
CY 2013





[5] Note that this measure is higher than reported for 2011 (34 percent), because the previous report included disabled working age adults in the denominator.

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 identified 700,690 DSHS clients from the three PHA jurisdictions who received at least one DSHS service in 2013 but *did not* receive PHA-assisted housing during the same year.[6] We compared their experiences and characteristics with the 64,023 DSHS clients who had PHA assistance in 2013 and found a number of differences between the two groups with respect to, demographics, service utilization, mental and physical health status, and employment.

Demographics

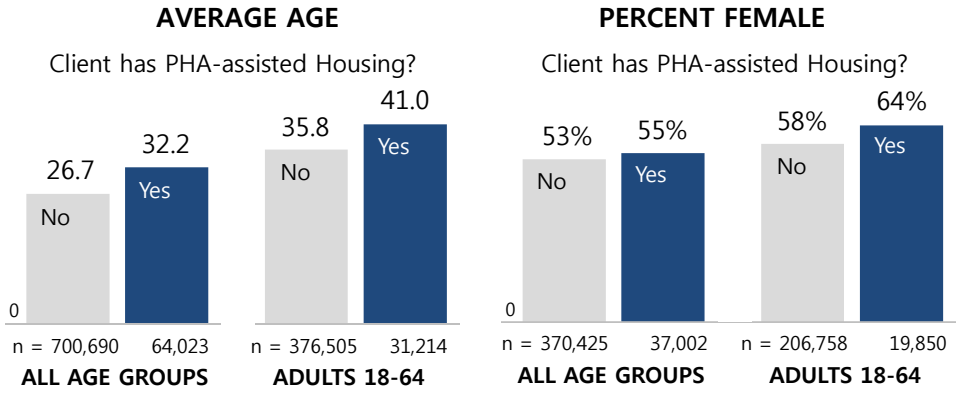
PHA adult clients are older, more likely female, and more likely African American

On average, PHA clients are older and more likely to be female compared to DSHS clients in the same study area without PHA housing. The difference is primarily among adults: nearly two-thirds of the adult PHA clients (64 percent) are female, compared to 55 percent of adult DSHS clients without PHA assisted housing.

Age and Gender

DSHS clients in the study area of the three PHAs by PHA assistance

ALL AGES AND ADULTS
CY 2013

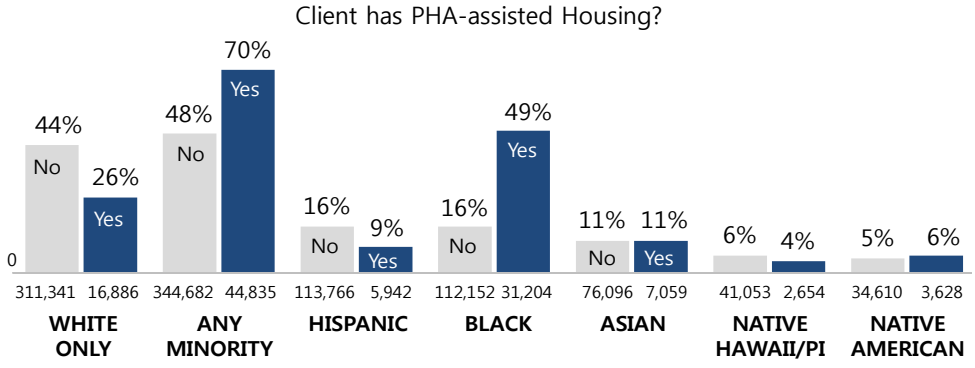


Compared with DSHS clients without assisted housing, PHA-assisted clients are more likely to be minorities (48 and 70 percent, respectively) and predominantly African American (16 and 49 percent, respectively). The percentages of clients in any minority group or African Americans with PHA-assisted housing were about six percent higher than reported for 2011,

Race/Ethnicity

DSHS clients in the study area of the three PHAs by PHA assistance

ALL AGES
CY 2013



[6] Individuals whose only DSHS service was child support enforcement are excluded from each group. For the medical and mental health measures, only people with at least one month of medical coverage during the calendar year are included in the analyses.

Economic Assistance

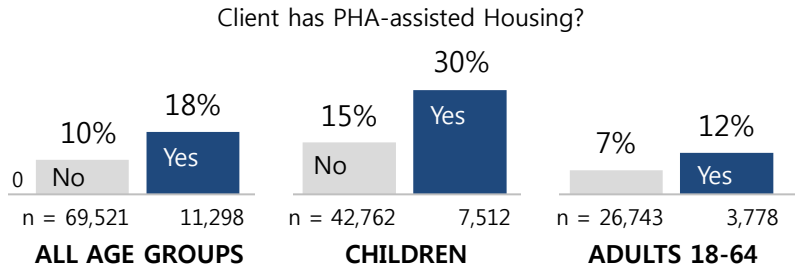
PHAs serve clients who are more likely to receive TANF and Basic Food

PHA clients were considerably more likely than other DSHS clients to receive TANF or Basic Food assistance. Differences were consistent across age groups and particularly pronounced among children. For example, nearly one-third of all PHA children received TANF in 2013, double the percent of DSHS children without PHA assistance (30 percent versus 15 percent). While the patterns of TANF assistance remain unchanged, the proportion of adults and children receiving TANF assistance decreased 7 and 15 percent, respectively, compared to 2011. As mentioned earlier, this may be due to the time-limit policy change in November 2011.

TANF Assistance

DSHS clients in the study area of the three PHAs with TANF, by PHA assistance

ALL AGES, CHILDREN AND ADULTS CY 2013

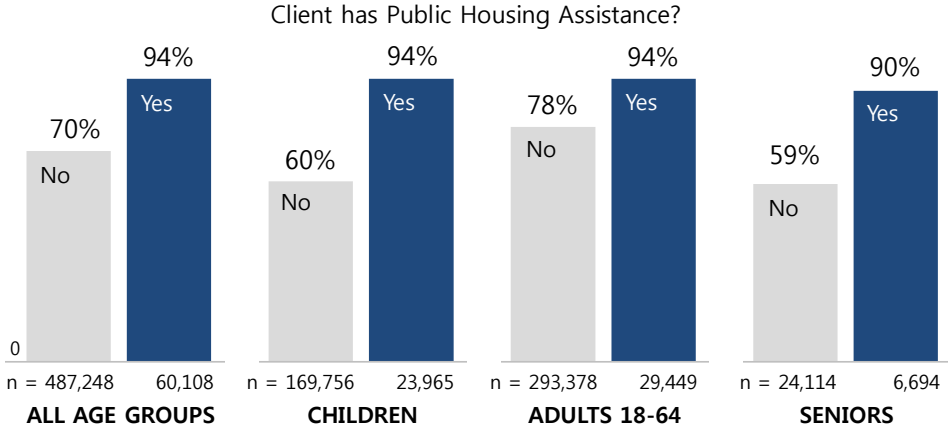


Basic Food was provided to a particularly high proportion of the PHA-assisted clients: 94 percent of these clients received Basic Food for at least one month in 2013 compared to 70 percent of DSHS clients without PHA housing. These differences may reflect the lower-income population served by the PHAs and the possibility that PHA-assisted households may be more likely to apply for services for which they are eligible. The patterns of Basic Food program use remain unchanged compared to 2011.

Basic Food Program

DSHS clients in the study area of the three PHAs with Basic Food, by PHA assistance

ALL AGE GROUPS CY 2013



Child Welfare

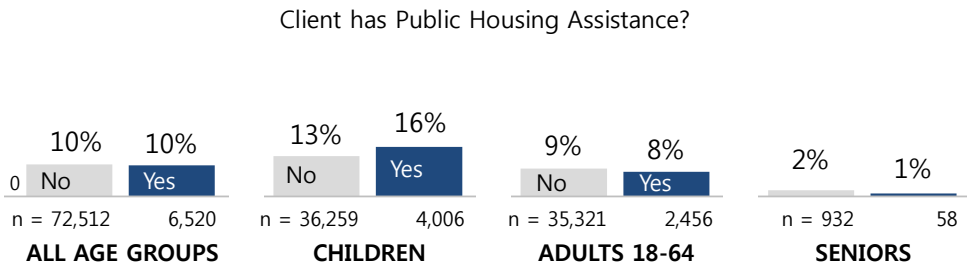
Use of Children's Administration services varies by PHA assistance and age

A higher percentage of children living in PHA housing received services from the DSHS Children's Administration (CA) during 2013 compared to other DSHS children who did not have PHA housing assistance: 16 versus 13 percent. Among adults and seniors, those receiving help from the PHAs had similar rates of involvement with the child welfare system during the year than did those not getting PHA assistance. The same pattern of CA service were observed in 2011.

Child Welfare Services

DSHS clients in the study area of the three PHAs with CA services, by PHA assistance

ALL AGE GROUPS
CY 2013



Physical Health

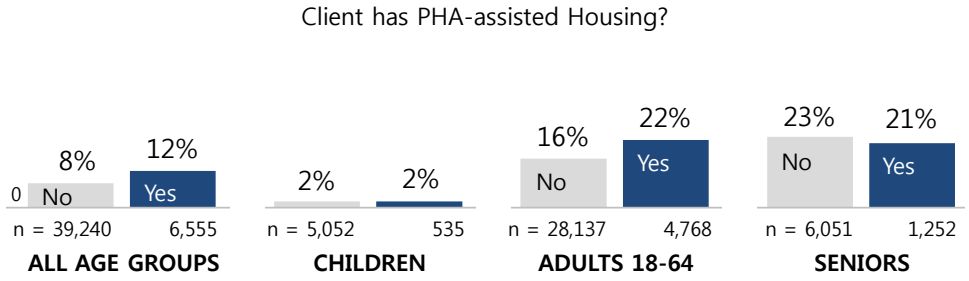
PHAs more likely to serve adults with chronic illness or who are treated for injuries

To understand clients' physical health, DSHS calculates a medical 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 greater than one indicate a higher risk for chronic illnesses. Among adults ages 18 to 64, the PHA-assisted clients were more likely to have a medical risk score indicating chronic illness (22 percent versus 16 percent). The incidence of chronic illness, however, did not differ according to housing assistance status for children or seniors.

Chronic Illness

DSHS clients in the study area of the three PHAs with chronic disease risk scores ≥ 1, by PHA assistance

ALL AGE GROUPS
CY 2013



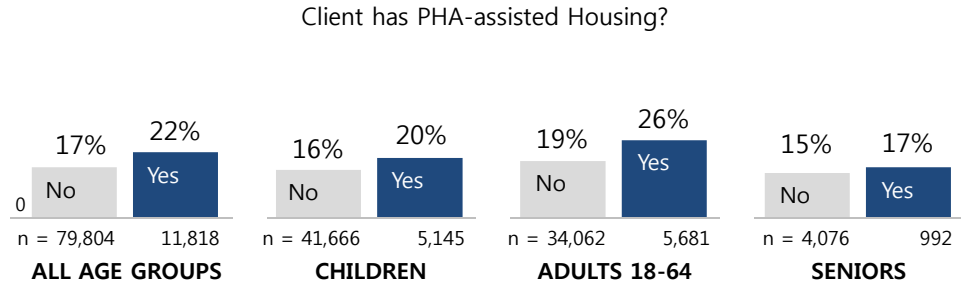
*Chronic illness indicator is normed upon disabled adults and children on Supplemental Security Income (Kronick *et al.*, 2000).

PHA recipients in all age groups were more likely to have been treated for an injury than clients without PHA assistance.[7] The difference was largest among adults: 26 percent of PHA-assisted adults were treated for an injury compared to about 19 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. The same patterns of chronic illness and injuries were reported for 2011.

Injuries

DSHS clients in the study area of the three PHAs treated for an injury during the year, by PHA assistance

ALL AGE GROUPS
CY 2013



[7] These analyses are limited to DSHS clients who had at least one month of Medicaid coverage in CY 2013.

Behavioral Health

PHAs serve clients with higher rates of behavioral health issues

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:

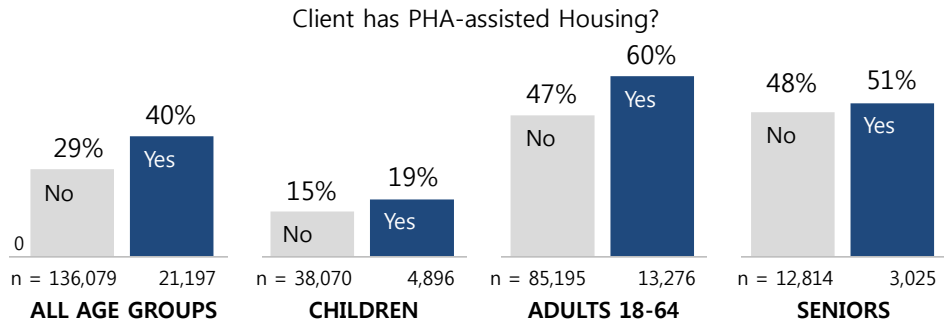
1. A diagnosis of psychosis or bipolar/mania, depression, anxiety, adjustment disorder, ADHD or conduct or impulse disorder,
2. Receipt of antipsychotic, anti-mania/bipolar, antidepressant, anti-anxiety or ADHD medications,
3. Receipt of mental health services through DSHS' Division of Behavioral Health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

Compared to DSHS clients without housing assistance, the PHA clients are more likely to have an indication of mental illness. Serious mental illness (psychosis or bipolar disorder) are more prevalent among seniors and adults. Over half of all PHA-assisted adults and seniors had some indication of mental illness. About one-quarter of PHA-assisted seniors had a diagnosis or received treatment for depression. More than one-quarter of PHA assisted seniors and one in six adults had a diagnosis or received treatment for psychosis or bipolar/mania.[8] PHA-assisted children were also more likely to have received a mental health service or diagnosis.

Mental Health Diagnosis or Services[9]

DSHS clients in the study area of the three PHAs treated for any mental illness in 2012 or 2013, by PHA assistance

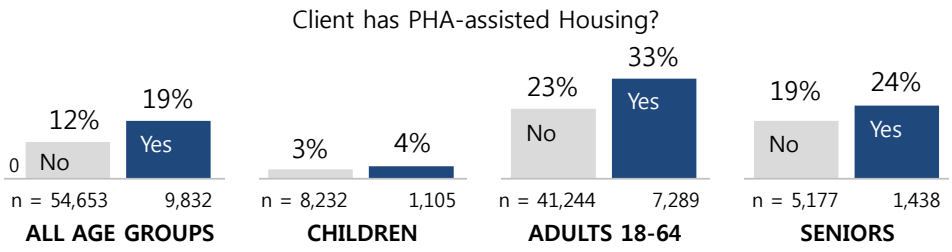
ALL AGE GROUPS



Depression

DSHS clients in the study area of the three PHAs with depression diagnosis in 2012 or 2013, by PHA assistance

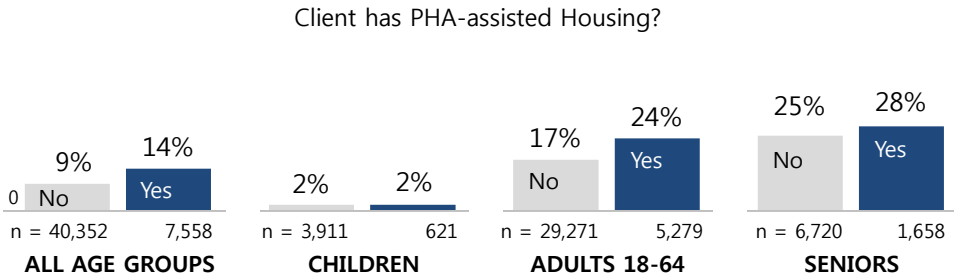
ALL AGE GROUPS



Psychosis or Bipolar/Mania[9]

DSHS clients in the study area with psychosis/ bipolar diagnosis or treatment in 2012 or 2013, by PHA assistance

ALL AGE GROUPS
CY 2013



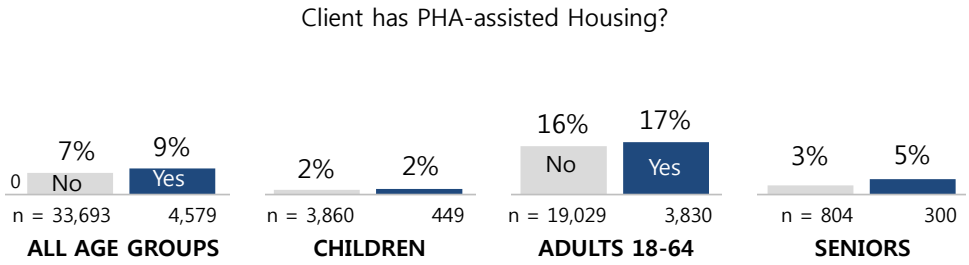
[8] Due to changes in tables used to estimates of mental health involvement, 2013 estimates are not comparable to the estimates described in Galvez *et al* 2014.

We consider an individual to have a probable Substance Use Disorder if any of the following were present in CY 2012 or 2013: an SUD-related medical diagnosis or pharmacy claim, receipt of SUD treatment or detoxification services, or a drug- or alcohol-related arrest.

Substance Use Disorder

DSHS clients in the study area of the three PHAs with indicator of substance abuse in 2013, by PHA assistance

ALL AGE GROUPS



Employment

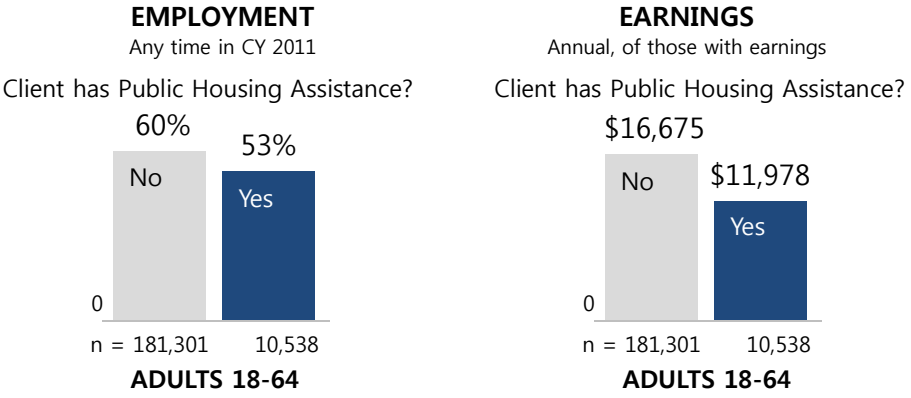
PHA clients are less likely to work, and have lower earnings

Employment rates and average annual earnings were lower for the PHA-assisted, non-disabled working age adults compared to DSHS clients without housing assistance in the same PHA jurisdictions. Among the working age non-disabled clients *without* housing assistance, 60 percent worked at some point during 2013 compared to 53 percent of those with PHA-assisted housing. The employment rates in 2013 were higher than rates reported in 2011, which included disabled working age adults.

Employment

DSHS clients in the study area of the three PHAs by PHA assistance

ADULTS AGE 18-64
CY 2013



Summary

This report updates a similar report on clients served in KCHA, SHA and THA in 2011. Using 2013 HUD PIC data, this study examines the experiences and characteristics of jointly served DSHS-PHA clients as well as the differences between DSHS clients with and without PHA housing assistance. For the most part, similar patterns of characteristics and service use were observed in both reports.

Compared to DSHS clients without housing assistance, the King County, Seattle and Tacoma PHAs were more likely to serve clients using DSHS economic services, suffering from behavioral health issues or chronic health conditions, and who were less likely to be employed.

There were a few notable changes compared to the 2011 report. In 2013, nine out of ten clients with PHA assistance also received DSHS services in the same year, an increase of five percent compared to 2011. Additionally, there was a seven to 15 percent decrease in TANF receipt, respectively, among adults and children in PHA-assisted housing. This is probably due to a change in policy with respect to TANF time limits. The changes in mental health and employment measures from 2011 to 2013 are attributable to changes in source data and methodology.

It is also worth noting that this report does not include clients served by Multifamily Assistance Programs represented in HUD TRACS data, and administered by HUD's Office of Multifamily Housing Programs. TRACS data represents about 30 percent of all HUD-assisted renters nationwide. In 2013, TRACS accounted for 16 percent of Washington State HUD assisted housing clients (Mayfield et al, 2015). Clients from TRACS, if included in this report, would constitute 11 percent of the study population, many of them seniors. TRACS data are not included because TRAC records do not identify the responsible PHA.

The 2011 and 2013 reports for the three PHAs and the statewide report published in 2015 have laid a foundation for future research and policy analysis examining assisted housing as a platform for improving health and wellbeing.

They also informed current efforts to develop a standardized reporting system that will generate annual updates of the information provided in this report, which will be made available statewide and to all individual PHAs in Washington State. Regular, ongoing updates of this report will depend on the ongoing availability of data from HUD. These efforts have established the feasibility of integrating statewide annual data extracts provided by HUD with the longitudinal Integrated Client Databases maintained by DSHS RDA.

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APPENDIX: Supporting Tables

TABLE 2

Demographics, Geography, and Selected Indicators of Risk and Service Use

By Age Group

ALL AGES	DSHS Clients in the study area of three PHAs ALL AGES		PHA-DSHS Shared Clients ALL AGES	
	NUMBER	PERCENT	NUMBER	PERCENT
Age (mean)	700,690	26.7	64,023	32.2
GENDER				
Female	370,425	52.9%	37,002	57.8%
Male	329,913	47.1%	27,010	42.2%
RACE/ETHNICITY				
Missing Race	54,667	7.8%	2,302	3.6%
White Only	311,341	44.4%	16,886	26.4%
Any minority	334,682	47.8%	44,835	70.0%
Hispanic	113,766	16.2%	5,942	9.3%
African American	112,152	16.0%	31,204	48.7%
Asian	76,096	10.9%	7,059	11.0%
Native Hawaiian/Pacific Islander	41,053	5.9%	2,654	4.1%
Native American	34,610	4.9%	3,628	5.7%
GEOGRAPHIC LOCATION				
Rural	9,974	1.4%	82	0.1%
Urban – Low Density	14,748	2.1%	353	0.6%
Urban – Medium Density	26,975	3.8%	398	0.6%
Urban – High Density	648,949	92.6%	63,166	98.7%
SOCIAL SERVICE UTILIZATION				
Basic Food	447,475	68.5	67,490	91.9
Temporary Assistance for Needy Families	87,833	13.5	20,294	27.6
Disability Lifeline	20,382	3.1	2,305	3.1
Children's Administration Involvement	71,812	11.0	8,534	11.6
MEDICAL/BEHAVIORAL HEALTH[9]				
Medicaid Eligibility (mean months)	467,262	9.6	53,127	11.2
Need for Alcohol or Other Drug Treatment	57,580	12.3%	2,128	4.0%
Psychosis or Bipolar/Mania Diagnosis	40,352	8.6%	7,558	14.2%
Diagnosis of Depression	54,653	11.7%	9,832	18.5%
Medical Encounter to Treat an Injury	79,804	17.1%	11,818	22.2%
At Risk of Chronic Disease	39,240	8.4%	6,555	12.3%
Any Mental Illness	136,079	29.1%	21,197	39.9%
EMPLOYMENT AND EARNINGS		304677		19795
Employment (age 18 -64 not disabled)	181,301	59.5%	10,538	53.2%
Earnings (annual)	181,301	$16,675	10,538	$11,978

[9] 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 in the study area of three PHAs ALL AGES		PHA-DSHS Shared Clients ALL AGES	
	NUMBER	PERCENT	NUMBER	PERCENT
Age (mean)	283,405	7.61	25,375	8.95
GENDER				
Female	137,569	48.5%	12,465	49.1%
Male	145,520	51.3%	12,904	50.9%
RACE/ETHNICITY				
Missing Race	32,060	11.3%	1,538	6.1%
White Only	98,482	34.7%	3,692	14.5%
Any minority	152,863	53.9%	20,145	79.4%
Hispanic	67,448	23.8%	3,324	13.1%
African American	4,552	1.6%	15,279	60.2%
Asian	30,734	10.8%	2,030	8.0%
Native Hawaiian/Pacific Islander	19,357	6.8%	1,314	5.2%
Native American	13,252	4.7%	1,413	5.6%
GEOGRAPHIC LOCATION				
Rural	3,233	1.1%	25	0.1%
Urban – Low Density	5,203	1.8%	140	0.6%
Urban – Medium Density	9,414	3.3%	133	0.5%
Urban – High Density	265,561	93.7%	25,070	98.8%
SOCIAL SERVICE UTILIZATION	169,756	59.9%	23,965	94.4%
Basic Food	42,762	15.1%	7,512	29.6%
Temporary Assistance for Needy Families	0	0.0%	0	0.0%
Disability Lifeline	36,259	12.8%	4,006	15.8%
Children's Administration Involvement	3,233	1.1%	25	0.1%
MEDICAL/BEHAVIORAL HEALTH[10]				
Medicaid Eligibility (mean months)	260,662	10.1	25,192	11.6
Need for Alcohol or Other Drug Treatment	4,892	1.9%	320	1.3%
Psychosis or Bipolar/Mania Diagnosis	3,911	1.5%	621	2.5%
Diagnosis of Depression	8,232	3.2%	1,105	4.4%
Medical Encounter to Treat an Injury	41,666	16.0%	5,145	20.4%
At Risk of Chronic Disease	5,052	1.9%	535	2.1%
Any Mental Illness	38,070	14.6%	4,896	19.4%
EMPLOYMENT AND EARNINGS		25902		2375
Employment (age 16 -17 not disabled)	7,134	27.5%	456	19.2%
Earnings (annual)	7,134	$3,340	456	$2,624

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

WORKING ADULTS	DSHS Clients in the study area of three PHAs ALL AGES		PHA-DSHS Shared Clients ALL AGES	
	NUMBER	PERCENT	NUMBER	PERCENT
Age (mean)	376,505	35.8	31,214	41.0
GENDER				
Female	206,758	54.9%	19,850	63.6%
Male	169,714	45.1%	11,360	36.4%
RACE/ETHNICITY				
Missing Race	19,443	5.2%	545	1.7%
White Only	192,785	51.2%	9,827	31.5%
Any minority	164,277	43.6%	20,842	66.8%
Hispanic	43,828	11.6%	2,323	7.4%
African American	64,265	17.1%	14,564	46.7%
Asian	34,945	9.3%	3,076	9.9%
Native Hawaiian/Pacific Islander	19,008	5.0%	1,067	3.4%
Native American	20,550	5.5%	2,016	6.5%
GEOGRAPHIC LOCATION				
Rural	6,458	1.7%	50	0.2%
Urban – Low Density	9,179	2.4%	170	0.5%
Urban – Medium Density	16,615	4.4%	226	0.7%
Urban – High Density	344,214	91.4%	30,761	98.5%
SOCIAL SERVICE UTILIZATION	293,378	77.9%	29,449	94.3%
Basic Food	26,743	7.1%	3,778	12.1%
Temporary Assistance for Needy Families	0	0.0%	0	0.0%
Disability Lifeline	35,321	9.4%	2,456	7.9%
Children's Administration Involvement	6,458	1.7%	50	0.2%
MEDICAL/BEHAVIORAL HEALTH[11]				
Medicaid Eligibility (mean months)	179,953	8.6	22,017	10.6
Need for Alcohol or Other Drug Treatment	51,471	28.6%	1,758	8.0%
Psychosis or Bipolar/Mania Diagnosis	29,721	16.5%	5,279	24.0%
Diagnosis of Depression	41,244	22.9%	7,289	33.1%
Medical Encounter to Treat an Injury	34,062	18.9%	5,681	25.8%
At Risk of Chronic Disease	28,137	15.6%	4,768	21.7%
Any Mental Illness	85,195	47.3%	13,276	60.3%
EMPLOYMENT AND EARNINGS		304677		19795
Employment (age 18-64)	181,301	59.5%	10,538	53.2%
Earnings (annual)	181,301	$16,675	10,538	$11,978

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

SENIORS	DSHS Clients in the study area of three PHAs ALL AGES		PHA-DSHS Shared Clients ALL AGES	
	NUMBER	PERCENT	NUMBER	PERCENT
Age (mean)	40,780	75.7	7,434	74.5
GENDER				
Female	26,098	64.0%	4,687	63.0%
Male	14,679	36.0%	2,746	36.9%
RACE/ETHNICITY				
Missing Race	3,164	7.8%	219	2.9%
White Only	20,074	49.2%	3,367	45.3%
Any minority	17,542	43.0%	3,848	51.8%
Hispanic	2,490	6.1%	295	4.0%
African American	3,335	8.2%	1,361	18.3%
Asian	10,417	25.5%	1,953	26.3%
Native Hawaiian/Pacific Islander	2,688	6.6%	273	3.7%
Native American	808	2.0%	199	2.7%
GEOGRAPHIC LOCATION				
Rural	293	0.7%	7	0.1%
Urban – Low Density	366	0.9%	43	0.6%
Urban – Medium Density	946	2.3%	39	0.5%
Urban – High Density	39,174	96.1%	7,335	98.7%
SOCIAL SERVICE UTILIZATION	24,114	59.1%	6,694	90.0%
Basic Food	16	0.0%	8	0.1%
Temporary Assistance for Needy Families	0	0.0%	0	0.0%
Disability Lifeline	932	2.3%	58	0.8%
Children's Administration Involvement	3,164	7.8%	219	2.9%
MEDICAL/BEHAVIORAL HEALTH[12]				
Medicaid Eligibility (mean months)	26,647	10.2	5,918	11.5
Need for Alcohol or Other Drug Treatment	1,217	4.6%	50	0.8%
Psychosis or Bipolar/Mania Diagnosis	6,720	25.2%	1,658	28.0%
Diagnosis of Depression	5,177	19.4%	1,438	24.3%
Medical Encounter to Treat an Injury	4,076	15.3%	992	16.8%
At Risk of Chronic Disease	6,051	22.7%	1,252	21.2%
Any Mental Illness	12,814	48.1%	3,025	51.1%
EMPLOYMENT AND EARNINGS		40,160		7,117
Employment (age 65+ and over)	1,880	4.7%	230	3.1%
Earnings (annual)	1,880	$12,381	230	$7,937

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

STUDY POPULATION

This report describes individuals served by the Seattle, King County and Tacoma Housing Authorities who also received a DSHS service at any point during calendar year 2013. The study excludes clients whose only DSHS service in 2013 was child support enforcement.

USING HUD DATA TO IDENTIFY ASSITED HOUSING CLIENTS AND SPANS

HUD provided RDA data extracts from the Public and Indian Housing Information Center (PIC) for calendar years 2000-2013. Combined, the PIC data included 386,357 clients and 1,793,961 records during the 14-year period.

RDA data processes include cleaning, organizing data by calendar year, generating monthly arrays of housing assistance, and linking housing assistance and social service data. There may be multiple records per client, equaling the number of calendar years and actions taken during each year the client receives housing assistance. For each client and each record, there are two key variables used for determining the beginning of a specific type of assistance, "Admission Date" and "Effective Date", indicating, respectively, the first date of housing assistance and the dates of any actions taken for the record. These two dates are the bases for annual and monthly records. Of all clients during the 14-year period, 1,038 (2.2%) were not processed due to a missing Admission Date. Other adjustments applied to all records include 1) setting records that have Admission Date prior to 1939 as missing; 2) setting Admission Date as Date of Birth for clients whose household Admission Date occurred prior to Date of Birth.

The annual records for each client were converted into housing assistance spans arrayed by Client Outcomes Database (CODB) months. The start and end date for each span uses the following algorithm:

START Date:

1. For the first record of a client, START Date= Admission Date;
2. For each subsequent record for the same client, there are two scenarios for assigning a START Date. First, START Date= Effective Date for the following Type of Actions: 1 (New admission), 4 (Port-in) and 10 (Issuance of a voucher). Second, START Date= Admission Date for records that had no action codes but a new Admission Date. In these cases, no action codes suggested that a client either moved in or moved out of the previous housing assistance program and started a new assistance program.

END Date:

1. For each client at the record level, END Date= Effective Date for the following Type of Actions: 6 (End of participation) or 11 (Expiration of voucher).
2. For records that had no action codes, END Date= last day of the calendar year.

DATA SOURCES

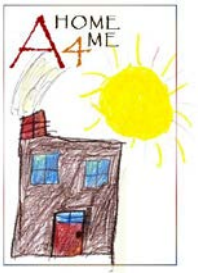
The identifiers in HUD PIC data were used to link PHA-served clients to various state administrative data systems represented in the DSHS Integrated Client Database (ICDB). The ICDB is a longitudinal client database containing over a decade of detailed service risks, history, costs, and outcomes. ICDB 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 agencies. The ICDB includes the following for each client, by date: identifiers, service history and service cost across DSHS, demography, geography of residence and service, risk indicators, outcomes, birth and death records, medical diagnoses, medical costs, prescription drug use, alcohol and drug problems, mental illness indicators, homelessness, functional disability status, chronic health conditions, criminal justice encounters, incarcerations, 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 and TANF programs.
- Office of Financial Management (OFM) eligibility data provided information on whether or not individuals had HCA 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 Medicaid, the Division of Behavioral Health and Recovery, 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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