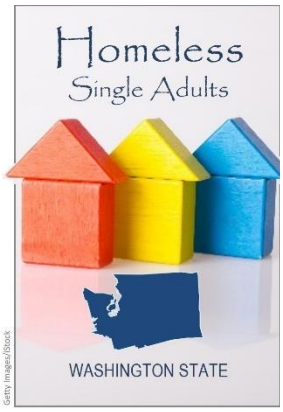

Changing Support Needs Among Single Adults Experiencing Homelessness

Washington State Apple Health Clients, 2019-2023

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Report prepared for the Washington State Department of Commerce.

THE NUMBER OF WASHINGTONIANS EXPERIENCING HOMELESSNESS HAS INCREASED over the past several years. Addressing this issue requires increasing the availability of affordable housing and access to supportive services (Sanders et al., 2021). Understanding the characteristics and service needs of individuals experiencing homelessness can help policymakers more effectively allocate funding across housing programs that serve distinct populations. To this end, the Department of Social and Health Services' Research and Data Analysis Division (DSHS-RDA) produced a report in 2024 that identified five "categories of support needs" of single adults experiencing homelessness in Washington State in calendar year (CY) 2022 based on observed differences in medical service use, health profiles, and criminal histories (Schaffnit et al., 2024). In this report, we apply these categories to single adults who experienced homelessness in CYs 2019 through 2023 to assess whether the social and health service needs of individuals experiencing homelessness have changed over time by describing 1) how the distribution of individuals in these categories of needs have changed over time; and 2) how individuals move between categories of need and out of homelessness between years.

Key Findings

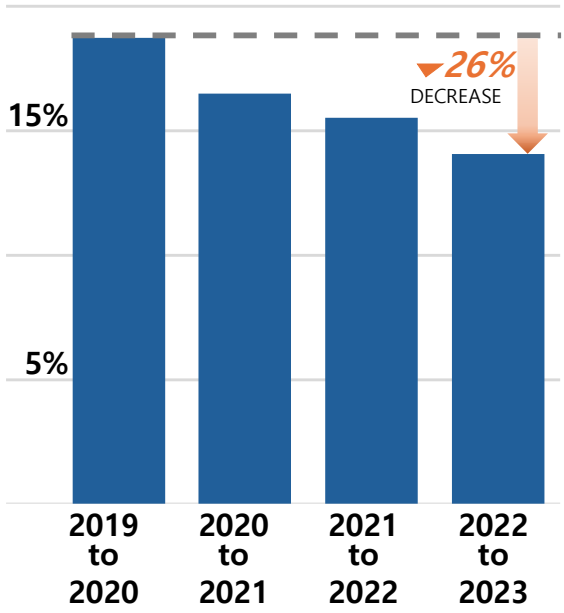
1. **The number of single adults experiencing homelessness rose from 111,994 in CY 2019 to 120,420 in 2023,** which corresponds to an +8 percent increase over the 5-year period.

2. **These increases were largely driven by growth in the number of individuals with less complex service needs.** Between 2019 and 2023, the share of individuals assigned to the *Low Service Use* category of support needs rose from 26 percent to 33 percent (+27 percent).

3. **The year-to-year proportion of individuals presumed to become housed decreased from 2019 to 2022 across all five categories of need (-26 percent; Figure 1).** The decrease was most pronounced for individuals in the *Low Service Use* group; 18 percent of individuals in this group in 2019 became housed the next year, compared to 12 percent in 2022 (-33 percent).

FIGURE 1

Proportion of Individuals Presumed Housed Between Calendar Years



Background

The number of individuals experiencing homelessness and housing instability in Washington State has increased over the past several years. Recent estimates from administrative data indicate that over 230,000 Washingtonians experienced homelessness for at least one night in 2023, over half of whom were single adults—the focus of this report. While action has been taken at both the state and local levels to increase access to affordable housing and housing supports (Sanders et al., 2021), limited resources make it difficult to meet demand for these services. Consequently, some funders and service providers focus their efforts on vulnerable populations and those who are most likely to die if they remain outside. This results in differential access to housing resources by severity of need, with individuals with higher needs more likely to receive services (Schaffnit et al., 2024).

Understanding who needs housing and what types of support would help them remain housed can help policymakers more effectively allocate funding across programs that serve distinct populations with different needs. To support these efforts, DSHS-RDA identified five "categories of support needs" among single adult Apple Health clients who experienced homelessness in calendar year (CY) 2022 (Schaffnit et al., 2024). These categories were derived from information on physical and behavioral health diagnoses, health service utilization patterns, and criminal legal involvement for individuals and included the following groups:

1. **Low Service Use**. Individuals in this category were characterized by infrequent contact with health services and low rates of diagnosed behavioral and chronic health conditions.
2. **Health Care Needs**. A large proportion of individuals in this category were diagnosed with a substance use disorder, one or more severe chronic health conditions, and health conditions affecting multiple organ systems.
3. **Criminal Legal Involvement**. Many individuals in this category had been jailed or arrested in the year prior to being identified as homeless and had prior felony convictions. They also had elevated rates of some substance use diagnoses.
4. **Primary Mental Illness**. Individuals in this category had high rates of anxiety, depressive, and/or post-traumatic stress disorders. They were also more likely to have accessed mental health treatment services in the past 12 months compared with any other category other than those in the *Significant Care Needs* category.
5. **Significant Care Needs**. Individuals in this category had the highest rates of contact with health services, the criminal legal system, and diagnosed behavioral and chronic health conditions.

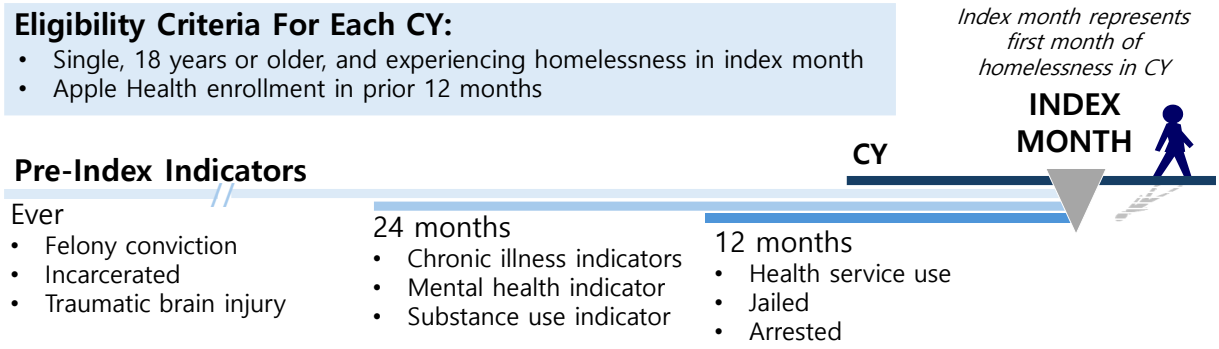
In this report, we apply these five categories of support needs to administrative data on single adults who experienced homelessness in CYs 2019 through 2023 to assess whether the social and health service needs of individuals experiencing homelessness have changed over time. We 1) **describe how the distribution of individuals between categories of support needs have changed year-to-year**; and 2) **capture individual-level movements between categories or out of homelessness each year**. Describing population-level changes in the distribution of individuals across categories of support needs can help identify the scale of needs for different types of services by individuals experiencing homelessness, as well as how these needs have shifted over time. Additionally, if there is evidence that a large proportion of individuals transition from lower service use categories to higher needs groups over time, this would suggest that further research is required to understand how and why individuals move between categories of need. This, in turn, could be used to identify optimal timing for interventions that could prevent an individual's circumstances from worsening.

Data and Methods

The study population for this analysis includes single adults who experienced homelessness at any point in CYs 2019 through 2023 as identified using administrative data in DSHS-RDA's Integrated Client Databases (ICDB). An individual was included in our sample if, in at least one month in a given CY, they 1) were ages 18 years or older; 2) were single (i.e., not part of a household receiving health or social services together); 3) experienced homelessness in that month; and 4) had at least one month of Apple Health coverage in the previous 12 months.[1] The first month that an individual met all four criteria in a CY was treated as their "index month" for the purposes of constructing all indicators used in the analysis (Figure 2). If an individual experienced homelessness in multiple CYs, a separate observation with its own distinct index month was created for each year they met the criteria outlined above. After applying these rules to the data, the final analytic file used in these analyses included 556,278 observations[2] for 218,845 distinct individuals.

FIGURE 2

Sample Eligibility and Timeline

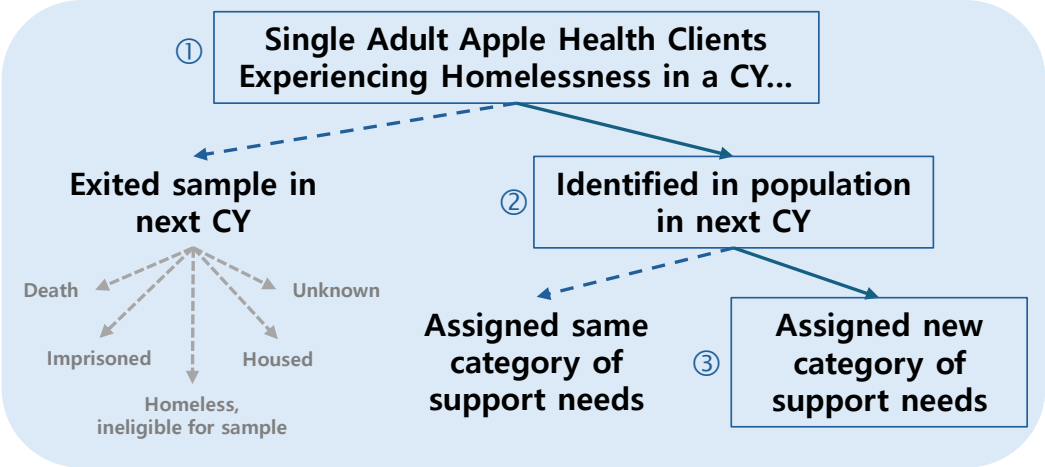


We used latent class analysis (LCA; Singa et al., 2021) to identify the categories of support needs discussed throughout this report, i.e., we identified groups of individuals in CY 2022[3] with similar service needs based on their health service use, criminal legal involvement, chronic health conditions, and behavioral health histories. We then used parameters from the CY 2022 LCA model to assign single adults experiencing homelessness in each CY to a category of support needs based on their observed characteristics and service needs (for more information, see Technical Notes). Using this information, we describe (a) changes in the distribution of individuals in categories of support needs from 2019 through 2023; and (b) individual-level transitions between categories between consecutive years, as well as the percentage of individuals assigned a category who were no longer identified as homeless in the following year.

[1] We applied this restriction to the data to ensure that an individual's health history was reflected in administrative datasets.
[2] Sixty-five percent of those individuals included in our analytic dataset experienced homelessness in 2 or more calendar years from 2019 through 2023, and 17 percent were identified as homeless in all calendar years during the study period.
[3] We focused on CY 2022 data when fitting our initial statistical model because extensive model validation was done with this population in the previous DSHS-RDA brief (Schaffnit et al., 2024). Further validation processes confirmed that this model was appropriate for the other CY populations used in this report. See Technical Notes for further information on model validation exercises. Note: The population size of single adults experiencing homelessness in CY 2022 used in this report is 1,464 higher than reported in the previous RDA brief due to updates in homelessness measures in the ICDB since 2024.

FIGURE 3

Populations of Individuals Experiencing Homelessness



As shown in Figure 3, the analyses presented here are broken into three parts, each of which focuses on a different subpopulation of interest. First, we report changes in the proportion of single adults experiencing homelessness assigned to a category of support needs in each year, as well as the proportion of individuals exiting the sample from one year to the next. Second, we restrict our attention to those individuals in each CY who experienced homelessness in the next CY to determine how many single homeless adults were assigned to the same category in both years. Finally, we focus our attention on those individuals who experienced homelessness in two adjacent calendar years *and* were assigned to a new category of support needs in the subsequent year to identify common transitions between categories. Descriptive information on the number of individuals included in each stage of the analysis by calendar year and category of support needs is provided in Table 1.

TABLE 1

Key Populations by Calendar Year and Category of Support Needs

							V. Significant Care Needs
						IV. Primary Mental Illness	
					III. Criminal Legal Involvement		
				II. Health Care Needs			
			I. Low Service Use				
2019	n = 111,994	**①Total**	**28,924**	**17,781**	**22,820**	**21,557**	**20,912**
		②Experienced homelessness in next CY…	18,652	11,919	16,658	13,401	14,339
		③…assigned new category of need	6,130	5,243	6,670	4,773	3,771
2020	n = 106,569	**①Total**	**26,995**	**16,959**	**22,053**	**19,619**	**20,943**
		②Experienced homelessness in next CY…	19,347	12,354	16,756	13,189	15,058
		③…assigned new category of need	5,170	5,041	8,478	4,403	4,655
2021	n = 106,014	**①Total**	**30,422**	**18,926**	**16,859**	**20,461**	**19,346**
		②Experienced homelessness in next CY…	23,708	14,553	13,459	13,986	13,978
		③…assigned new category of need	5,986	6,029	7,141	5,072	4,594
2022	n = 111,281	**①Total**	**35,924**	**21,520**	**15,180**	**20,891**	**17,766**
		②Experienced homelessness in next CY…	28,995	16,948	12,332	14,881	12,952
		③…assigned new category of need	7,700	7,314	5,751	10,921	4,091
2023	n = 120,420	**①Total**	**40,320**	**22,675**	**17,107**	**22,364**	**17,954**

Results

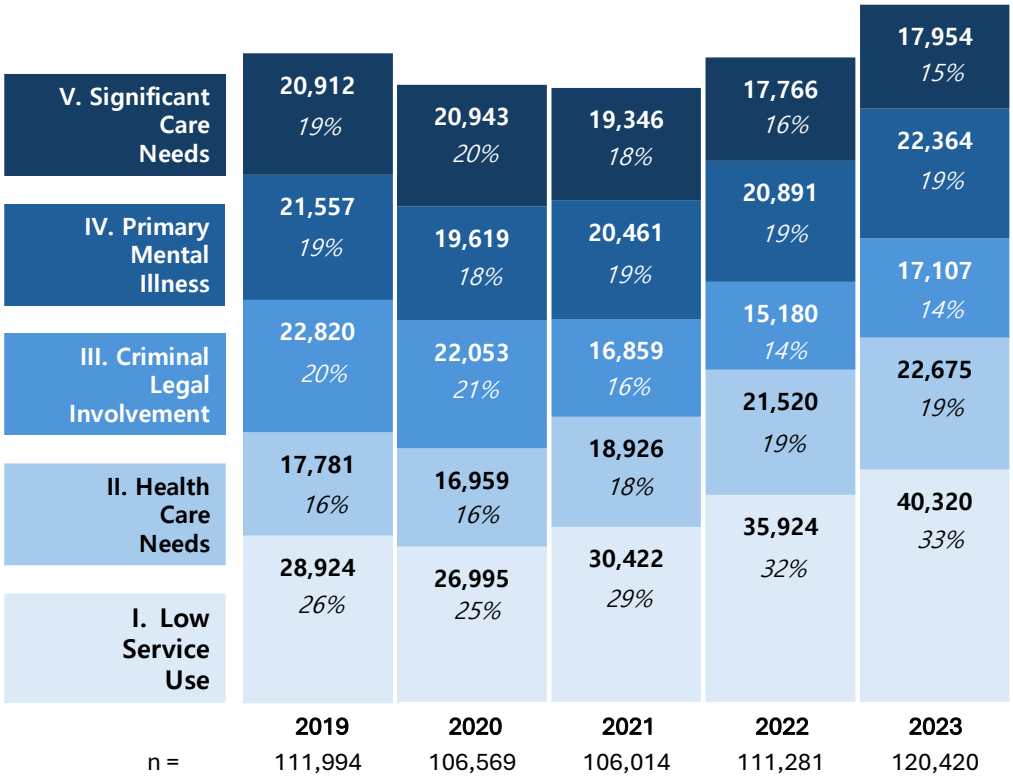
Distributions of Individuals Between Categories of Support Needs Over Time

The number of single adults experiencing homelessness increased by 8 percent from 111,994 in CY 2019 to 120,420 in CY 2023 (Figure 4; compared to a 5 percent increase in the Washington population over the same period). This increase was largely associated with increases in both the relative and absolute number of individuals assigned to the *Low Service Use* category and, to a lesser degree, the *Health Care Needs* category. The number of people assigned to the *Low Service Use* group increased from 28,924 in 2019 to 40,320 in 2023, and the proportion of individuals in this category rose from 26 percent to 33 percent. The number of people in the *Health Care Needs* category increased by almost 5,000 individuals over the same period and the proportion of individuals assigned to this group rose from 16 percent to 19 percent. By contrast, the number and share of individuals assigned to the *Significant Care Needs* and *Criminal Legal Involvement* categories were both lower in CY 2023 when compared to CY 2019. This decline was most pronounced for the *Criminal Legal Involvement* category. The percentage of individuals assigned to the *Criminal Legal Involvement* category decreased from 20 percent in 2019 to 14 percent in 2023;[4] in absolute terms, this corresponds to over 5,000 fewer individuals in *Criminal Legal Involvement* category. Both the absolute number and proportion of single adults experiencing homelessness assigned to the *Primary Mental Illness* category were comparable over time, hovering at around 19 percent of all single adults experiencing homelessness, or roughly 20,000 individuals each year.

FIGURE 4

Distribution of Single Adults Experiencing Homelessness by Category of Need

2019 to 2023



[4] This decline may be partially due to falling arrest numbers during the COVID-19 pandemic (Hernandez & Georgoulas, 2022).

While the percentage of individuals assigned to each category of support needs changed between calendar years, **the social and demographic characteristics of those individuals assigned to each category were largely consistent over time, with some minor fluctuations.** Across all categories of need, the average age of single adults experiencing homelessness was 1 to 2 years older in 2023 than in 2019; in most cases, the proportion of individuals ages 18-24 years decreased, and the proportion of individuals ages 35-44 years increased (Appendix Tables A1a-A1e). The proportion of females in the *Criminal Legal Involvement* category decreased from 21 percent in 2019 to 17 percent in 2023 and the proportions of females also decreased slightly in the other categories excepting the *Primary Mental Illness* category. The proportion of Hispanic individuals increased by 2-3 percentage points in the *Criminal Legal Involvement* and *Primary Mental Illness* categories from 2019 to 2023, while the proportion of White, non-Hispanic individuals decreased by about 2 percentage points in the *Criminal Legal Involvement, Primary Mental Illness,* and *Significant Care Needs* categories.

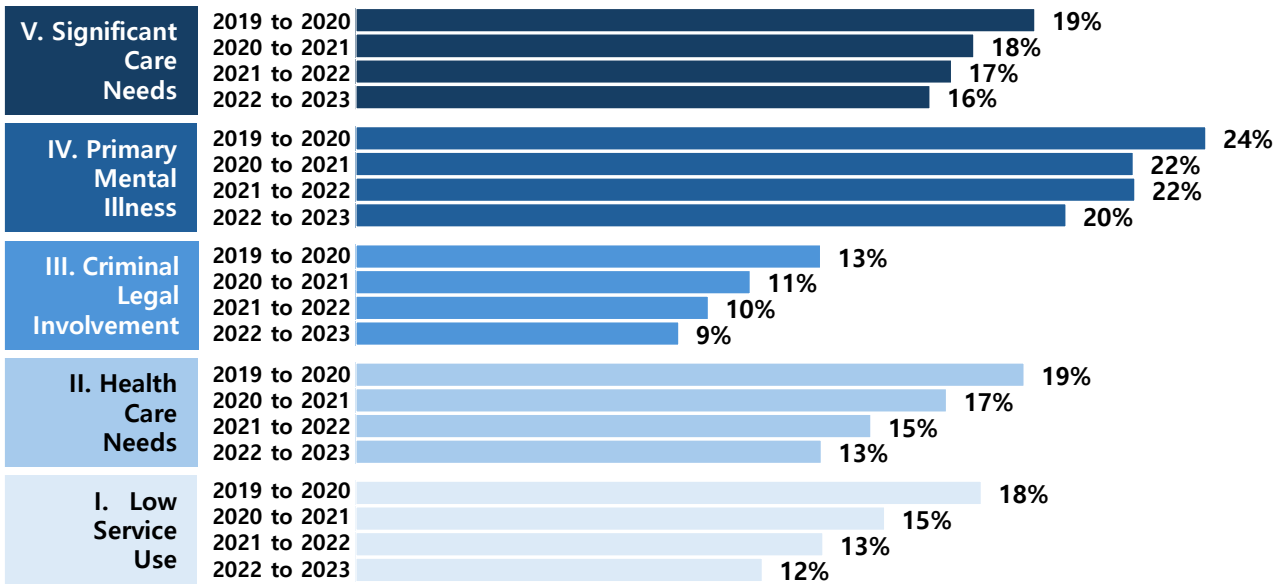
Exiting the Sample Between Consecutive Years

Individuals exited the sample of single adults experiencing homelessness for several reasons, including becoming housed, loss of benefits, changes in household structure, imprisonment, or death. **Overall, we estimate that at least 14 to 19 percent of all single adults experiencing homelessness in a year become housed at some point in the following year.** However, since 2019, the overall proportion of individuals presumed to become housed has decreased by 26 percent (Figure 1). This decrease was most pronounced for those in the *Low Service Use* category (Figure 5); the percentage of individuals in this category who were presumed housed in the next year decreased from 18 percent in 2019 to 12 percent in 2022 (a 33 percent decrease). Similarly, the proportion of individuals presumed housed from the *Health Care Needs* and *Criminal Legal Involvement* categories decreased by 32 and 31 percent, respectively, from 2019 to 2022. Regardless of year, the *Criminal Legal Involvement* category had the lowest proportions of individuals presumed housed from one year to the next (9 to 13 percent).

FIGURE 5

Proportion of Single Adults Experiencing Homelessness Presumed Housed in Following Year Between Years by Origin Category of Support Needs

Among Single Adults Experiencing Homelessness



Not all individuals who exited the sample used in this report between years became housed. In any given year, we estimate that up to 1 percent of individuals died at some point in the following year, while up to 2 percent were incarcerated for the entirety of the year after they were identified as experiencing homelessness (Table 2). In the latter case, the proportion of individuals in *Criminal Legal Involvement* and *Significant Care Needs* categories who exited the sample due to incarceration was higher than for individuals in other categories. An estimated 3 to 6 percent of individuals experiencing homelessness each year remained homeless the next year but were no longer eligible for inclusion in the sample due to changes in family composition and/or because they no longer received medical assistance ("Homeless, ineligible for sample" in the table). Finally, 3 to 11 percent of single adults experiencing homelessness were no longer detectable in administrative data and exited the sample for unknown reasons.

TABLE 2

Reasons for Exiting Sample Between Calendar Years by Category of Support Needs

Among Single Adults Experiencing Homelessness

					V. Significant Care Needs	
				IV. Primary Mental Illness		
			III. Criminal Legal Involvement			
		II. Health Care Needs				
		I. Low Service Use				
Homeless in:	**Status in Next CY:**					
2019	Unknown	11%	9%	5%	9%	6%
	Died	<1%	1%	<1%	1%	1%
	Imprisoned	<1%	<1%	2%	<1%	1%
	Homeless, ineligible for sample	5%	4%	6%	4%	4%
	Presumed housed	18%	19%	13%	24%	19%
2020	Unknown	7%	5%	3%	6%	5%
	Died	<1%	1%	<1%	1%	1%
	Imprisoned	<1%	<1%	1%	*	<1%
	Homeless, ineligible for sample	5%	4%	6%	4%	4%
	Presumed housed	15%	17%	11%	22%	18%
2021	Unknown	5%	5%	3%	5%	6%
	Died	<1%	1%	<1%	1%	1%
	Imprisoned	<1%	*	1%	*	1%
	Homeless, ineligible for sample	3%	3%	5%	3%	4%
	Presumed housed	13%	15%	10%	22%	17%
2022	Unknown	4%	4%	3%	5%	5%
	Died	<1%	1%	<1%	<1%	1%
	Imprisoned	<1%	*	2%	*	1%
	Homeless, ineligible for sample	3%	3%	4%	3%	4%
	Presumed housed	12%	13%	9%	20%	16%

Unknown: Not flagged as dead, in prison, homeless, enrolled in Apple Health, or using economic support services
Died: Department of Health record indicates death
Imprisoned: In prison for full calendar year
Homeless, ineligible for sample: Remained homeless but were no longer eligible for inclusion (changes in family composition and/or no longer receiving medical assistance)
Presumed housed: Enrolled in Apple Health but not flagged as dead, in prison, or homeless
*Percents representing <11 individuals are suppressed

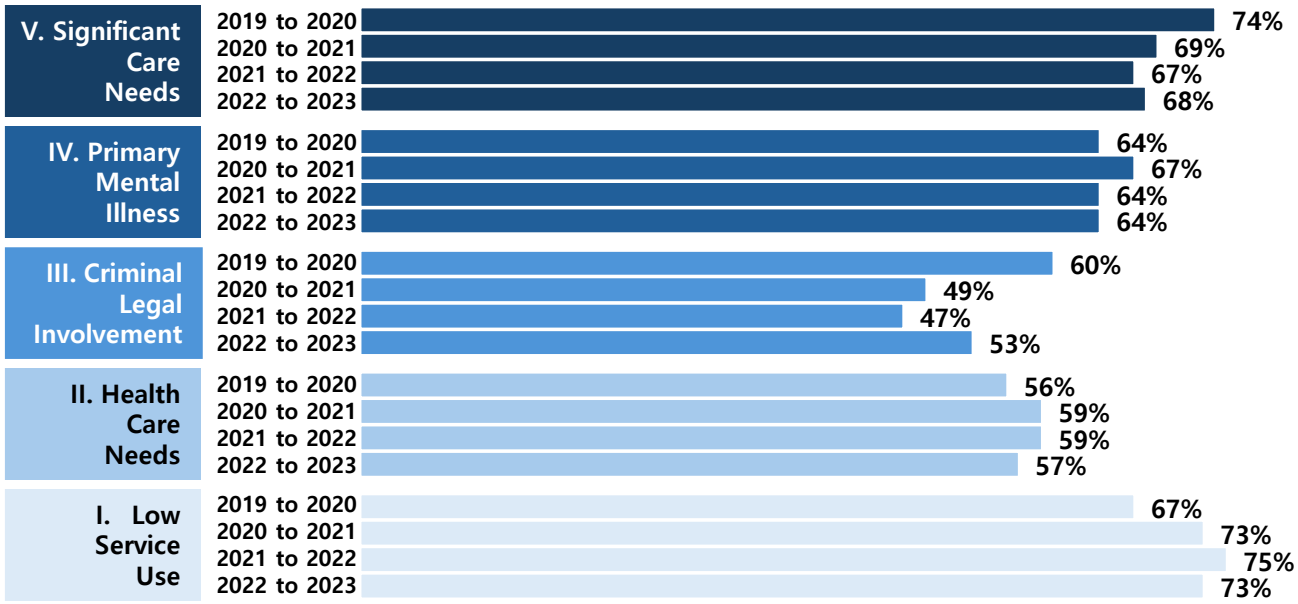
Individual Movements Between Categories of Support Needs Between Consecutive Years

Among individuals who experienced homelessness in consecutive years and remained eligible for sample inclusion, most remained assigned to the same category of support needs (Figure 6). The *Low Service Use* and *Significant Care Needs* categories had the highest proportions of individuals assigned to the same category in the following year (67 to 75 percent). Conversely, individuals in the *Criminal Legal Involvement* and *Health Care Needs* categories had the lowest proportions of individuals assigned to the same category in the following years (47 to 60 percent).

FIGURE 6

Proportion of Single Adults Experiencing Homelessness Remaining in the Same Category of Support Needs Between Years by Category

Among Those Who Experienced Homelessness in Consecutive Years

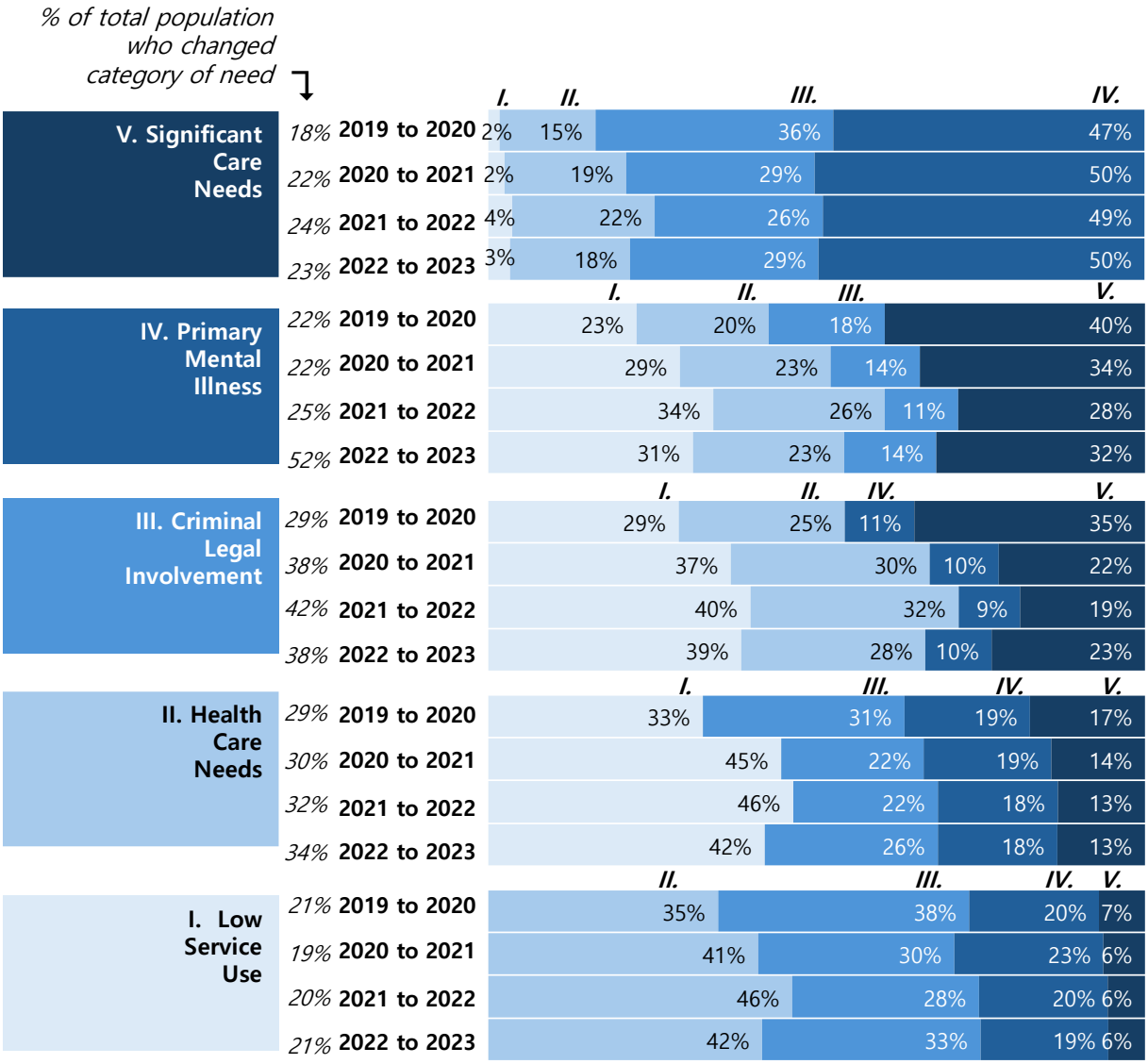


Depending on the year and category, 18 to 52 percent of all individuals experiencing homelessness were assigned to a different category of support needs in the following year. Figure 7 provides descriptive information on movements between categories of support needs in consecutive years among individuals who remained homeless but did not remain in the same category. For example, 29 to 40 percent of individuals previously assigned to the *Criminal Legal Involvement* category and 33 to 46 percent assigned to the *Health Care Needs* category were assigned to the *Low Service Use* category in the following year. Individuals in the *Low Service Use* category were most commonly assigned to the *Health Care Needs* (35 to 46 percent) and *Criminal Legal Involvement* (28 to 38 percent) categories in the following year, assuming they changed categories. Movement between the *Significant Care Needs* and *Primary Mental Illness* categories were common. In a given year, 28 to 40 percent of those in the *Primary Mental Illness* category were assigned to the *Significant Care Needs* category in the following year, while 47 to 50 percent of those in the *Significant Care Needs* category were assigned to the *Primary Mental Illness* category in the following year.

FIGURE 7

Proportion of Single Adults Experiencing Homelessness Assigned to a New Category of Need in Consecutive Years by Origin Category of Need

Among Those Who Experienced Homelessness in Consecutive Years and Changed Category of Need

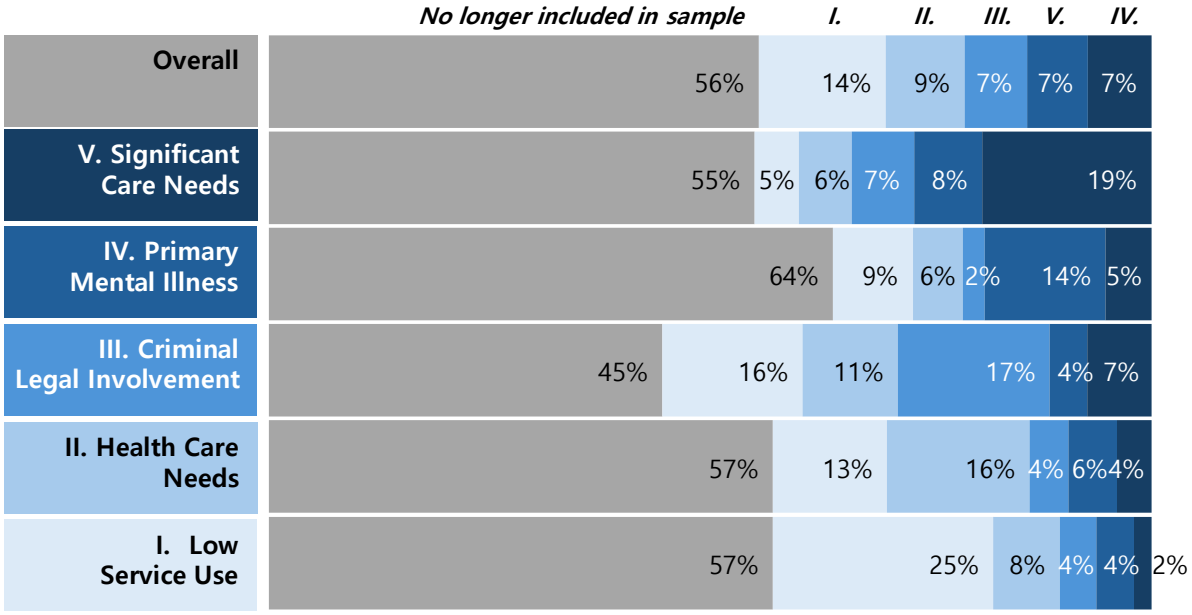


Taking a longer-term view, **over half of single adults experiencing homelessness in 2019 were no longer included in the sample in 2023 (56 percent; Figure 8).** This general trend held across all categories of support needs except the *Criminal Legal Involvement* category. Of those in this category in 2019, only 45 percent were no longer detected in the sample of single adults experiencing homelessness in 2023. Among those individuals identified as experiencing homelessness in both 2019 and 2023, most remained in the same category of need—just as they did in adjacent, year-to-year comparisons. However, among those in the *Criminal Legal Involvement* category in 2019 nearly as many people were in the *Low Service Use* category in 2023 as in their original category.

FIGURE 8

Proportion of Single Adults Experiencing Homelessness Exiting the Sample or Assigned to a New Category of Support Needs in 2023 by Origin Category

Among Those Experiencing Homelessness in CY 2019



Note: Individuals may have exited the sample for several reasons including becoming housed, death, imprisonment, or becoming ineligible for the sample.

Discussion

As the number of single adults experiencing homelessness in Washington continues to increase, understanding what the support needs of those experiencing homelessness are, the scale of these needs, and how these needs have changed over time is essential for effectively allocating available resources across housing programs and services. In this report, we apply previously established categories of support needs to individuals who experienced homelessness in calendar years 2019 through 2023 (Schaffnit et al., 2024). This information was then used to describe how the distribution of individuals across categories of support needs has shifted over time and to explore movement of individuals across categories from year to year and out of homelessness.

An 8 percent increase in the number of single adults experiencing homelessness[5] over the past 5 years appears to be largely driven by increases in the number of people experiencing homelessness who have relatively less complex service needs (i.e., those assigned to the *Low Service Use* and *Health Care Needs* categories of support needs). Low service *use* may not necessarily translate to low service *need*, as individuals in this category could be experiencing barriers to accessing services that are in fact needed. However, given the restriction of the study population to those who are observable in administrative data (i.e., had Apple Health coverage during the measurement period) we suggest that a 'low need' interpretation is largely appropriate. Despite shifts in the distribution of single adults assigned to each category of support needs over the 5-year study period, the social and demographic characteristics of individuals in these categories changed little from 2019 to 2023.

[5] This is slightly higher than general population growth in Washington, which increased by 5 percent during the study period.

We also found that **fewer people appear to become housed from one year to the next across all five categories of need**, and that this trend was most pronounced for those in the *Low Service Use* category. Additional sensitivity and robustness checks (not shown here)[6] indicate that this finding is not an artifact of how homelessness is measured in the ICDB, suggesting that it is becoming progressively more difficult for individuals to exit homelessness and become housed.

Among individuals who remained in the study population in consecutive years, most were assigned to the same category of support needs from one year to the next. The exception to this was for individuals in the *Criminal Legal Involvement* category. Individuals in the *Criminal Legal Involvement* category had both the lowest proportions of people exiting homelessness from one year to the next (9 to 13 percent depending on the year) and high rates of changing categories of need between consecutive years of homelessness (29 to 42 percent depending on the year) compared to individuals assigned to other categories. These findings align with previous research highlighting high rates of homelessness and housing insecurity among individuals exiting the criminal legal system (Couloute, 2018; Herbert et al., 2016). Investing in programs linking individuals exiting the criminal legal system to housing and other supportive services, like those funded by the Department of Commerce's Reentry Grant Program,[7] could help improve outcomes for this group.

There was also significant movement of those with *Primary Mental Illness* to the *Significant Care Needs* category, although this group also had the highest rate of exiting the sample. Further investigation of the reasons for exit and for movement between categories of support needs in the future will add to the understanding of the needs of this population as a whole.

Together, these findings suggest that changes in the number of single adults experiencing homelessness may be driven by an increase in the number of individuals with less complex support needs and fewer individuals exiting homelessness over time. Potential explanations for these patterns include: (a) more people are experiencing homelessness due to a lack of housing as opposed to other factors which could prompt the onset of homelessness, such as poor physical or behavioral health, or involvement with criminal legal systems, and (b) known shortages of affordable housing options in Washington State[8] may extend periods of homelessness, particularly for individuals with less complex needs.

Caveats and Limitations

These analyses are subject to several key limitations. First, historically marginalized communities are less likely to access state services (e.g., undocumented immigrants, individuals facing language barriers, etc.) and are thus underrepresented in the administrative data used to inform the latent class model used in this report. This issue is exacerbated by the restriction of our sample to individuals who had Apple Health coverage in the 12 months prior to index. While this was necessary to ensure observability of an individual's physical and behavioral health history as captured in Medicaid claims and encounter data, it excludes individuals who faced barriers to enrolling in public assistance programs and/or those who recently exited a long-term institutional stay and were ineligible for public medical assistance.

[6] There is a possibility that this finding was an artifact of how homelessness is measured within RDA's ICDB: individuals remained flagged as experiencing homelessness until a change of housing status is noted in administrative data. Consequently, individuals who have low rates of contact with social and health services may stay flagged as homeless longer than they actually are. To validate our results, analyses were run with a subset of individuals who used services provided by the Economic Support Administration in consecutive years and thus had the opportunity for their housing status to be updated in the administrative data.

[7] ESSB 5092 appropriated funding to the Department of Commerce to support funding of community organizations to provide reentry services to formerly incarcerated individuals.

[8] Washington State Affordable Housing Advisory Board. (2024). Housing Advisory Plan, 2023-2028.

Second, and related to the first limitation, because the indicator variables in the latent class model used to assign individuals to categories of support needs are derived from state administrative data, they are limited to information routinely gathered to support state business operations. This means that the modeled categories may not be representative of the study population's full range of support needs.

Finally, the application of the CY 2022 model to 5 years of data assumes that the 1) indicators that are relevant to the identification of the various categories are the same from year-to-year; 2) the number of distinct "categories of support needs" has not changed over time; and 3) the underlying characteristics of these categories are similar enough over time that assigning individuals to a category of support needs using the results of the CY 2022 model does not mask important changes in who experiences homelessness over time. Although additional analyses (not shown here) indicate that a five-class/category model fits the data well for all 5 years and that the composition of these categories are internally consistent over time,[9] this consistency may be an artifact of overlapping measurement windows across years.[10] Additional research is required to determine if these results can be replicated using related approaches that are better able to account for repeated observations on the same person (e.g., longitudinal latent class analysis).

Future Directions

There are several follow-up studies that may help decision-makers allocate funding across housing services:

- While a relatively small proportion of single adults who experienced homelessness in consecutive years moved between categories of support needs over time, understanding the characteristics of those who did change may be useful for identifying types and timings of interventions that could prevent escalation of needs.
- Individuals in the *Criminal Legal Involvement* category were both the least likely to become presumably housed between years and the most likely to change categories of need. Individuals from this category who do change categories tend to move to either the *Low Service Use* or *Significant Care Needs* groups. Understanding who ends up in these two opposite categories may help target interventions effectively for individuals exiting the criminal legal system.
- A deeper understanding of why people exit the sample between calendar years could help distinguish between desirable (i.e., becoming housed) and undesirable outcomes like imprisonment or death. Further analyses could identify who is likely to experience these different outcomes.
- Following up on economic outcomes of single adults experiencing homelessness by category of support needs may help identify and differentiate further support needs for these populations.

[9] We estimated separate latent class models for each year of data and compared the results of these models to those generated using the parameter estimates from the CY 2022 model. Overall, we found that a five-class model was the best-fitting model specification for CYs 2021, 2022, and 2023 and performed as well as a less complex three-class model in CYs 2019 and 2020. The overall composition of these classes were comparable over time, and the proportion of individuals assigned to each category were almost identical to those produced using the CY 2022 model.

[10] For example, if an individual identified as experiencing homelessness in 2019 and 2020 was flagged as having had a mental health diagnosis in the past 24 months in 2019, they likely will maintain this flag in 2020. This reduces our ability to detect changes in status from one year to the next.

OVERVIEW AND STUDY POPULATION

Individuals were identified for inclusion in these analyses using information from DSHS-RDA's Integrated Client Databases (ICDB). Five study populations were created, one for each year from calendar years (CYs) 2019 to 2023. In each CY, the study populations include single (i.e., individuals in single-person households as identified using Automated Client Eligibility System and Homelessness Management Information System data) adults ages 18 and older who were indicated as homeless at least one month of the year and received at least one month of state or federally funded medical coverage in the 12-month period prior to the month they were first identified as experiencing homelessness in a given year (i.e., their "index month"). Individuals could appear in multiple CYs.

ANALYTIC APPROACH

We used latent class analysis (LCA) to classify the CY 2022 study population into policy-relevant groups with similar service needs based on 31 indicators spanning five different substantive areas: 1) interaction with health services, including treatment for mental health and substance use disorders; 2) involvement with criminal legal systems; 3) chronic illness indicators; 4) mental health diagnoses; and 5) substance use disorder (SUD) diagnoses. All data used to estimate the latent class (LC) model and assign individuals to different latent classes (categories) were compiled using SAS Enterprise Guide 8.4, and the LC models were estimated using the "poLCA" package in R (Linzer & Lewis, 2011). A five-class model was selected based on extensive testing (see Schaffnit et al., 2024). An analysis of the posterior probabilities produced by the 2022 model indicated that the average probability of being assigned to one's modal latent class (i.e., the class to which an individual had the highest probability of being assigned given their unique combination of indicators) was 0.9 or greater for all five latent classes. This suggests that while on an individual basis some cases may have similar probabilities of being assigned to multiple classes, there is strong support that the model identified well-differentiated groups using the 2022 data.

After verifying the overall fit of the model to the 2022 data, we then used the parameter estimates from this model to assign individuals who experienced homelessness in CY 2019, 2020, 2021, and 2023 to their modal class (i.e., category of support needs). To validate that the model run using the CY 2022 data was appropriate for other CYs, we estimated LC models with 2 – 8 classes for each calendar year. This helped determine whether (1) the five-class model was appropriate for all five CYs in our sample; and (2) the defining characteristics of class membership were stable over time. We found that the five-class model was overall the most substantively meaningful model with robust fit statistics. Furthermore, the composition of the five classes was internally consistent over time.

Two key changes occurred since the publication of the previous RDA report which introduced the five categories of support needs used here. Since the previous analysis, changes to how individuals are flagged as homeless in the ICDB resulted in differences in the overall count of single adults experiencing homelessness in CY 2022 in this report (n=111,281) compared to the previous version (n=109,817). Additionally, one indicator used in the previous LC model–a flag for having requested mental health treatment services in the prior 12 months–was removed as data for this indicator were not available for the 5-year population used in this report for the whole period required. The exclusion of this indicator did not change the LC structures identified previously.

DATA SOURCES AND MEASURES

The data used in this report came from the administrative data maintained in the Department of Social and Health Services' Integrated Client Databases (ICDB; Mancuso 2021). The ICDB contains data from several state administrative data systems, including the state's ProviderOne Medicaid Management Information System, 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 has been widely used in evaluation studies published in peer-reviewed journals (e.g., Xing et al., 2015) and for the production of performance and monitoring measures.

Demographics. Demographics include age (calculated as of the index month), race/ethnicity, and gender, and were extracted from the ICDB. For a variety of reasons (e.g., self-reporting of multiple races, differences in race/ethnic categories reported across state systems over time, etc.), race/ethnicity categories are not mutually exclusive, with the exceptions of non-Hispanic White and Unknown

Apple Health Coverage. 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.

Health Services. Interaction with health care services was considered in the 12 months prior to the month of homelessness. Information was obtained from ProviderOne, the Health Care Authority's Division of Behavioral Health and Recovery, and state hospital records.

- **Emergency Department Use and Hospitalizations in General Medical Settings.** Emergency department visits and hospitalizations 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 non-ED visits include visits to hospital settings for services or care that cannot be administered in a primary care setting (e.g., dialysis).
- **Access to Preventative/Ambulatory Health Services (Primary Care).** Preventative and/or ambulatory heath service visits were identified using Medicaid claims data from ProviderOne and Medicare claims data for individuals dually enrolled in Medicaid and Medicare. A claim was categorized as a preventative/ambulatory visit if its procedure code appeared in the "Ambulatory Visit" or "Other Ambulatory" Healthcare Effectiveness Data and Information Set (HEDIS) value sets. These data do not include claims information for individuals with third-party liability coverage.
- **Outpatient Behavioral Health Service Encounters.** Service encounter records in ProviderOne and the Behavioral Health Data System were used to track outpatient mental health services. 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. Service encounter records in ProviderOne and the Behavioral Health Data System were used to track outpatient substance use disorder services.
- **Inpatient Behavioral Health Services**. Information on client inpatient stays for mental health or substance use disorder treatment was obtained from ProviderOne, the Consumer Information System previously maintained by HCA's Division of Behavioral Health and Recovery, the Behavioral Health Data System (BHDS HCA data system with mental health and substance use disorder records), and state hospital records. SUD inpatient treatment services include any stays in an inpatient residential treatment facility as recorded in medical claims data; this excludes receipt of medically managed withdrawal services. Mental health inpatient treatment services include voluntary and involuntary treatment at an evaluation and treatment center, residential treatment facility stays, community psychiatric inpatient service receipt, Child Long-Term Inpatient (CLIP) service receipt, and stays at Eastern and Western State Hospitals. Inpatient service spans were transformed into monthly flags that indicated whether a client received inpatient treatment in any given month and year.

Criminal Legal Systems. Involvement with criminal legal systems ever and in the 12 months prior to the month of homelessness was assessed using records form the Washington State Patrol, ProviderOne, the Jail Booking and Reporting System, and the Washington State Department of Corrections Offender Management Network Information System.

- **Arrests and Charges.** Arrest and charge indicators were based on offenses reported to the Washington State Patrol (WSP), and 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 systematically excluded from this measure.
- **Jail Bookings.** Jail booking data are based on information from the Jail Booking and Reporting System (JBRS) and ProviderOne. The JBRS data are maintained by the Washington Association of Sheriffs and Police Chiefs (WASPC).
- **Prison.** Incarceration data are based on information from the Washington State Department of Corrections Offender Management Network Information system.

Chronic Health Conditions. Two indicators of significant chronic illness/disease as well as traumatic brain injury were used to identify the presence, number, and types of chronic health conditions (e.g., diabetes, hypertension, etc.).

- **Chronic Illness Risk Score.** Chronic illness risk scores 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).
- **Chronic Disease Risk Categories.** Additional measures of chronic disease burden were derived from information on Chronic Illness and Disability Payment System (CDPS) categories and Medicaid-Rx (prescription) risk groups. Additional information about CDPS and Medicaid-Rx risk groups can be found at http://cdps.ucsd.edu.

- An individual was identified as having two or more chronic conditions if they were diagnosed with conditions from two or more CDPS categories, excluding mental health and substance use disorders. Diagnostic categories include, but are not limited to, cardiovascular, skeletal and connective tissue, pulmonary, renal, diabetes, nervous system-related diagnoses, etc. A complete list of CDPS diagnostic categories is available in Kronick et al., 2000.
- A serious health condition was indicated for any individual diagnosed with a condition assigned to the "Medium," "High," or "Very High" CDPS risk categories, excluding the Psychiatric High category. These risk categories include conditions that have serious long-term implications for an individual's health, require ongoing treatment and management, and/or are associated with high mortality rates and reduced life expectancy. Examples of qualifying conditions include congestive heart failure, septicemia, cystic fibrosis, pneumonia, hemophilia, malnutrition, chronic renal failure, quadriplegia, type 1 diabetes, and decubitus ulcers.

- **Traumatic Brain Injury (TBI).** Indicated for any individual with a qualifying medical diagnosis associated with a TBI as recorded in ProviderOne, the Behavioral Health Data System (BHDS), or the DSHS Aging and Long-Term Support Administration's Comprehensive Assessment Reporting Evaluation (CARE) database. Example diagnoses include concussions, skull fractures, contusion, and laceration of specific brain regions.

Behavioral Health Diagnoses. Mental health and substance use disorder diagnoses were identified using diagnostic information available in administrative data in the 2 years prior to the month of homelessness. This information was obtained from the Health Care Authority's ProviderOne Medicaid billing system, BHDS, and CARE and grouped into categories of related diagnoses based on International Classification of Diseases 10 (ICD-10) diagnosis codes.

Homelessness. An individual was determined to be experiencing homelessness if they 1) were identified as homeless based on living arrangement, shelter, address, or WorkFirst participation information available in ACES; 2) received a housing service targeting homeless individuals that was recorded in HMIS; or 3) were identified as homeless based on ProviderOne medical claims and encounter data maintained by the Health Care Authority.

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APPENDIX TABLE A1a

Social and Demographic Characteristics in the Low Service Use Category of Need

2019-2023

I. Low Service Use					
	2019	2020	2021	2022	2023
Membership	26%	25%	29%	32%	33%
Social and Demographic Characteristics					
18 to 24 Years of Age	22%	20%	17%	15%	15%
25 to 34 Years of Age	28%	28%	28%	29%	29%
35 to 44 Years of Age	18%	19%	21%	22%	22%
45 to 54 Years of Age	16%	16%	17%	17%	17%
55 to 64 Years of Age	12%	13%	13%	13%	13%
65+ Years of Age	3%	4%	4%	4%	4%
American Indian or Alaska Native	13%	13%	13%	14%	14%
Asian	4%	4%	4%	4%	4%
Black or African American	19%	19%	18%	18%	18%
Hispanic or Latino	14%	14%	14%	14%	14%
Native Hawaiian or Pacific Islander	4%	4%	4%	4%	4%
White, Non-Hispanic	51%	51%	51%	51%	51%
Unknown Race/Ethnicity	4%	4%	4%	4%	4%
Female	33%	32%	31%	31%	31%
Male	67%	68%	69%	69%	69%
Health Services, 12 Months Prior to Index					
Primary Care Visit (1+)	36%	36%	33%	31%	31%
Any Inpatient Hospitalization in a General Medical Setting (1+)	<1%	<1%	<1%	<1%	<1%
Inpatient Substance Use Disorder Treatment	<1%	<1%	<1%	<1%	<1%
Outpatient Substance Use Disorder (SUD) Treatment	1%	1%	1%	1%	1%
Medically Managed Withdrawal Services	<1%	<1%	<1%	<1%	<1%
Outpatient Mental Health Treatment	1%	1%	1%	1%	1%
Inpatient Mental Health Treatment	<1%	<1%	<1%	<1%	<1%
Criminal Legal Involvement					
Ever Convicted of a Felony	33%	33%	35%	37%	37%
Ever Incarcerated	10%	10%	11%	12%	12%
Jailed, 12 Months Prior to Index	2%	2%	2%	1%	1%
Arrested, 12 Months Prior to Index	2%	1%	1%	1%	1%
Chronic Health Conditions					
Any Serious CDPS Diagnosis (Medium or Higher), 24 Months Prior to Index	1%	1%	1%	1%	1%
Chronic Illness Risk Score - Low	90%	90%	92%	92%	93%
Chronic Illness Risk Score - Medium	9%	9%	7%	7%	7%
Chronic Illness Risk Score - High	1%	1%	1%	1%	<1%
Traumatic Brain Injury, Ever	17%	17%	17%	17%	17%

Two or More CDPS Disease Group Diagnoses	4%	4%	5%	4%	4%
Mental Health Indicators, 24 Months Prior to Index					
Psychotic Disorder Diagnosis	<1%	<1%	<1%	<1%	<1%
Mania and Bipolar Disorder Diagnosis	<1%	<1%	<1%	<1%	<1%
Depressive Disorder Diagnosis	2%	2%	1%	1%	1%
Anxiety Disorder Diagnosis	3%	3%	3%	3%	3%
Attention Deficit Hyperactivity Disorder Diagnosis	<1%	<1%	<1%	<1%	<1%
Impulse/Conduct Disorder Diagnosis	<1%	<1%	<1%	<1%	<1%
Other Mental Health Diagnosis	4%	3%	3%	3%	3%
Post-Traumatic Stress Disorder Diagnosis	<1%	<1%	<1%	<1%	<1%
Adjustment Disorder Diagnosis	<1%	<1%	<1%	<1%	<1%
Any CDPS Psychiatric Diagnosis, Medium Low or Higher	<1%	<1%	<1%	<1%	<1%
Psychotropic Medication, Any	4%	4%	4%	4%	4%
Substance Use Indicators, 24 Months Prior to Index					
Alcohol Use Disorder	3%	2%	2%	2%	2%
Opioid Use Disorder	3%	3%	4%	5%	5%
Stimulant Use Disorder	2%	2%	2%	3%	3%
Other Drug Use Disorder	2%	2%	2%	1%	1%
Arrested for a Substance Use Related Charge	2%	2%	3%	2%	2%

APPENDIX TABLE A1b

Social and Demographic Characteristics in the Health Care Needs Category of Need

2019-2023

II. Health Care Needs					
	2019	2020	2021	2022	2023
Membership	16%	16%	18%	19%	19%
Social and Demographic Characteristics					
18 to 24 Years of Age	11%	9%	8%	7%	7%
25 to 34 Years of Age	22%	22%	23%	22%	22%
35 to 44 Years of Age	18%	20%	21%	22%	22%
45 to 54 Years of Age	23%	23%	22%	22%	22%
55 to 64 Years of Age	21%	22%	22%	22%	22%
65+ Years of Age	4%	4%	5%	5%	5%
American Indian or Alaska Native	15%	15%	15%	15%	15%
Asian	3%	4%	4%	4%	4%
Black or African American	16%	16%	15%	15%	15%
Hispanic or Latino	11%	11%	12%	12%	12%
Native Hawaiian or Pacific Islander	3%	3%	3%	4%	4%
White, Non-Hispanic	55%	55%	55%	54%	54%
Unknown Race/Ethnicity	4%	3%	3%	3%	3%
Female	34%	34%	32%	31%	31%
Male	66%	66%	68%	69%	69%
Health Services, 12 Months Prior to Index					
Primary Care Visit (1+)	80%	80%	77%	77%	77%
Any Inpatient Hospitalization in a General Medical Setting (1+)	14%	14%	13%	14%	14%
Inpatient Substance Use Disorder Treatment	3%	3%	3%	3%	3%
Outpatient Substance Use Disorder (SUD) Treatment	12%	13%	15%	15%	15%
Medically Managed Withdrawal Services	4%	3%	2%	3%	3%
Outpatient Mental Health Treatment	6%	7%	7%	8%	8%
Inpatient Mental Health Treatment	<1%	<1%	<1%	<1%	<1%
Criminal Legal Involvement					
Ever Convicted of a Felony	41%	42%	46%	48%	48%
Ever Incarcerated	14%	15%	17%	19%	19%
Jailed, 12 Months Prior to Index	1%	1%	1%	1%	1%
Arrested, 12 Months Prior to Index	2%	1%	<1%	<1%	<1%
Chronic Health Conditions					
Any Serious CDPS Diagnosis (Medium or Higher), 24 Months Prior to Index	47%	47%	48%	48%	48%
Chronic Illness Risk Score - Low	15%	16%	18%	17%	18%
Chronic Illness Risk Score - Medium	51%	50%	50%	50%	51%
Chronic Illness Risk Score - High	34%	34%	32%	32%	31%
Traumatic Brain Injury, Ever	30%	30%	31%	31%	31%
Two or More CDPS Disease Group Diagnoses	72%	71%	71%	71%	71%

Mental Health Indicators, 24 Months Prior to Index					
Psychotic Disorder Diagnosis	<1%	<1%	<1%	<1%	<1%
Mania and Bipolar Disorder Diagnosis	<1%	<1%	<1%	<1%	<1%
Depressive Disorder Diagnosis	12%	12%	11%	10%	10%
Anxiety Disorder Diagnosis	21%	20%	21%	21%	21%
Attention Deficit Hyperactivity Disorder Diagnosis	<1%	<1%	<1%	<1%	<1%
Impulse/Conduct Disorder Diagnosis	<1%	<1%	<1%	<1%	<1%
Other Mental Health Diagnosis	23%	22%	22%	22%	22%
Post-Traumatic Stress Disorder Diagnosis	<1%	<1%	<1%	<1%	<1%
Adjustment Disorder Diagnosis	3%	3%	2%	3%	3%
Any CDPS Psychiatric Diagnosis, Medium Low or Higher	<1%	<1%	<1%	<1%	<1%
Psychotropic Medication, Any	32%	32%	32%	32%	32%
Substance Use Indicators, 24 Months Prior to Index					
Alcohol Use Disorder	21%	22%	22%	20%	20%
Opioid Use Disorder	24%	26%	30%	32%	32%
Stimulant Use Disorder	27%	29%	32%	34%	34%
Other Drug Use Disorder	21%	20%	19%	18%	18%
Arrested for a Substance Use Related Charge	4%	4%	6%	4%	4%

APPENDIX TABLE A1c

Social and Demographic Characteristics in the Criminal Legal Involvement Category of Need

2019-2023

III. Criminal Legal Involvement					
	2019	2020	2021	2022	2023
Membership	20%	21%	16%	14%	14%
Social and Demographic Characteristics					
18 to 24 Years of Age	15%	13%	11%	10%	9%
25 to 34 Years of Age	40%	39%	38%	40%	38%
35 to 44 Years of Age	25%	26%	29%	30%	32%
45 to 54 Years of Age	14%	15%	14%	13%	14%
55 to 64 Years of Age	6%	6%	6%	6%	6%
65+ Years of Age	1%	1%	1%	1%	1%
American Indian or Alaska Native	17%	17%	17%	18%	17%
Asian	4%	4%	5%	4%	4%
Black or African American	18%	19%	19%	18%	18%
Hispanic or Latino	14%	15%	15%	16%	17%
Native Hawaiian or Pacific Islander	4%	4%	4%	4%	4%
White, Non-Hispanic	49%	49%	48%	48%	47%
Unknown Race/Ethnicity	4%	4%	4%	4%	4%
Female	21%	20%	18%	17%	17%
Male	79%	80%	82%	83%	83%
Health Services, 12 Months Prior to Index					
Primary Care Visit (1+)	44%	46%	46%	43%	41%
Any Inpatient Hospitalization in a General Medical Setting (1+)	5%	5%	4%	4%	5%
Inpatient Substance Use Disorder Treatment	3%	3%	3%	4%	4%
Outpatient Substance Use Disorder (SUD) Treatment	15%	16%	17%	16%	14%
Medically Managed Withdrawal Services	2%	2%	2%	2%	2%
Outpatient Mental Health Treatment	17%	13%	12%	13%	11%
Inpatient Mental Health Treatment	1%	1%	1%	1%	1%
Criminal Legal Involvement					
Ever Convicted of a Felony	81%	79%	80%	79%	77%
Ever Incarcerated	31%	32%	34%	35%	34%
Jailed, 12 Months Prior to Index	94%	98%	97%	97%	95%
Arrested, 12 Months Prior to Index	94%	94%	90%	92%	94%
Chronic Health Conditions					
Any Serious CDPS Diagnosis (Medium or Higher), 24 Months Prior to Index	14%	15%	15%	15%	16%
Chronic Illness Risk Score - Low	61%	60%	62%	63%	62%
Chronic Illness Risk Score - Medium	30%	30%	29%	29%	29%
Chronic Illness Risk Score - High	9%	10%	9%	9%	8%
Traumatic Brain Injury, Ever	34%	34%	35%	35%	35%

Two or More CDPS Disease Group Diagnoses	26%	28%	28%	27%	28%
Mental Health Indicators, 24 Months Prior to Index					
Psychotic Disorder Diagnosis	5%	5%	6%	5%	5%
Mania and Bipolar Disorder Diagnosis	2%	2%	2%	2%	2%
Depressive Disorder Diagnosis	13%	13%	12%	10%	9%
Anxiety Disorder Diagnosis	13%	13%	13%	12%	11%
Attention Deficit Hyperactivity Disorder Diagnosis	1%	2%	2%	1%	1%
Impulse/Conduct Disorder Diagnosis	1%	1%	1%	1%	<1%
Other Mental Health Diagnosis	21%	21%	21%	22%	20%
Post-Traumatic Stress Disorder Diagnosis	3%	3%	3%	2%	2%
Adjustment Disorder Diagnosis	2%	2%	2%	2%	1%
Any CDPS Psychiatric Diagnosis, Medium Low or Higher	16%	16%	16%	15%	14%
Psychotropic Medication, Any	17%	17%	19%	19%	20%
Substance Use Indicators, 24 Months Prior to Index					
Alcohol Use Disorder	19%	19%	19%	18%	16%
Opioid Use Disorder	27%	30%	32%	32%	33%
Stimulant Use Disorder	34%	37%	39%	37%	35%
Other Drug Use Disorder	19%	20%	19%	16%	15%
Arrested for a Substance Use Related Charge	43%	44%	44%	31%	19%

APPENDIX TABLE A1d

Social and Demographic Characteristics in the Primary Mental Illness Category of Need

2019-2023

IV. Primary Mental Illness					
	2019	2020	2021	2022	2023
Membership	19%	18%	19%	19%	19%
Social and Demographic Characteristics					
18 to 24 Years of Age	19%	19%	17%	16%	16%
25 to 34 Years of Age	22%	23%	23%	23%	23%
35 to 44 Years of Age	19%	19%	20%	21%	21%
45 to 54 Years of Age	22%	21%	21%	20%	20%
55 to 64 Years of Age	15%	16%	16%	16%	16%
65+ Years of Age	3%	3%	3%	3%	4%
American Indian or Alaska Native	14%	14%	14%	14%	14%
Asian	4%	4%	4%	4%	4%
Black or African American	16%	15%	15%	16%	15%
Hispanic or Latino	11%	12%	12%	12%	13%
Native Hawaiian or Pacific Islander	3%	3%	3%	3%	3%
White, Non-Hispanic	56%	56%	56%	55%	54%
Unknown Race/Ethnicity	4%	4%	5%	4%	5%
Female	47%	47%	46%	46%	47%
Male	53%	53%	54%	54%	53%
Health Services, 12 Months Prior to Index					
Primary Care Visit (1+)	83%	82%	79%	80%	80%
Any Inpatient Hospitalization in a General Medical Setting (1+)	4%	5%	4%	5%	5%
Inpatient Substance Use Disorder Treatment	<1%	<1%	<1%	<1%	<1%
Outpatient Substance Use Disorder (SUD) Treatment	4%	4%	5%	5%	4%
Medically Managed Withdrawal Services	<1%	<1%	<1%	<1%	<1%
Outpatient Mental Health Treatment	63%	62%	59%	59%	58%
Inpatient Mental Health Treatment	3%	2%	2%	2%	2%
Criminal Legal Involvement					
Ever Convicted of a Felony	27%	27%	28%	28%	27%
Ever Incarcerated	7%	7%	8%	8%	8%
Jailed, 12 Months Prior to Index	1%	1%	1%	1%	1%
Arrested, 12 Months Prior to Index	2%	1%	<1%	1%	1%
Chronic Health Conditions					
Any Serious CDPS Diagnosis (Medium or Higher), 24 Months Prior to Index	27%	27%	27%	27%	28%
Chronic Illness Risk Score - Low	30%	31%	34%	33%	35%
Chronic Illness Risk Score - Medium	45%	43%	43%	44%	44%
Chronic Illness Risk Score - High	25%	25%	23%	23%	22%
Traumatic Brain Injury, Ever	30%	30%	30%	30%	28%
Two or More CDPS Disease Group Diagnoses	50%	49%	49%	49%	50%

Mental Health Indicators, 24 Months Prior to Index					
Psychotic Disorder Diagnosis	17%	17%	17%	17%	17%
Mania and Bipolar Disorder Diagnosis	19%	19%	19%	19%	19%
Depressive Disorder Diagnosis	70%	70%	68%	66%	66%
Anxiety Disorder Diagnosis	55%	56%	56%	56%	56%
Attention Deficit Hyperactivity Disorder Diagnosis	11%	11%	11%	12%	13%
Impulse/Conduct Disorder Diagnosis	3%	3%	3%	3%	2%
Other Mental Health Diagnosis	67%	67%	68%	68%	68%
Post-Traumatic Stress Disorder Diagnosis	31%	31%	31%	30%	30%
Adjustment Disorder Diagnosis	9%	9%	8%	8%	8%
Any CDPS Psychiatric Diagnosis, Medium Low or Higher	89%	89%	89%	88%	88%
Psychotropic Medication, Any	64%	64%	64%	64%	63%
Substance Use Indicators, 24 Months Prior to Index					
Alcohol Use Disorder	16%	16%	15%	15%	15%
Opioid Use Disorder	10%	11%	12%	13%	13%
Stimulant Use Disorder	13%	15%	16%	17%	16%
Other Drug Use Disorder	15%	15%	14%	14%	14%
Arrested for a Substance Use Related Charge	1%	1%	2%	1%	1%

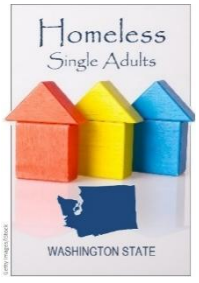
APPENDIX TABLE A1e

Social and Demographic Characteristics in the Significant Care Needs Category of Need

2019-2023

V. Significant Care Needs					
	2019	2020	2021	2022	2023
Membership	19%	20%	18%	16%	15%
Social and Demographic Characteristics					
18 to 24 Years of Age	10%	10%	9%	8%	8%
25 to 34 Years of Age	32%	33%	32%	32%	31%
35 to 44 Years of Age	26%	26%	28%	29%	29%
45 to 54 Years of Age	20%	20%	19%	19%	19%
55 to 64 Years of Age	11%	11%	11%	11%	11%
65+ Years of Age	1%	1%	1%	1%	1%
American Indian or Alaska Native	19%	19%	19%	19%	18%
Asian	4%	4%	4%	4%	4%
Black or African American	16%	15%	16%	16%	16%
Hispanic or Latino	11%	12%	12%	13%	13%
Native Hawaiian or Pacific Islander	3%	3%	3%	3%	3%
White, Non-Hispanic	53%	52%	52%	51%	51%
Unknown Race/Ethnicity	5%	5%	5%	5%	5%
Female	34%	32%	32%	31%	31%
Male	66%	68%	68%	69%	69%
Health Services, 12 Months Prior to Index					
Primary Care Visit (1+)	88%	88%	87%	86%	86%
Any Inpatient Hospitalization in a General Medical Setting (1+)	28%	31%	35%	41%	42%
Inpatient Substance Use Disorder Treatment	21%	23%	25%	27%	27%
Outpatient Substance Use Disorder (SUD) Treatment	37%	41%	43%	43%	41%
Medically Managed Withdrawal Services	16%	14%	16%	17%	19%
Outpatient Mental Health Treatment	80%	77%	76%	76%	76%
Inpatient Mental Health Treatment	18%	19%	23%	25%	26%
Criminal Legal Involvement					
Ever Convicted of a Felony	70%	69%	68%	66%	64%
Ever Incarcerated	24%	25%	26%	26%	25%
Jailed, 12 Months Prior to Index	54%	60%	51%	47%	47%
Arrested, 12 Months Prior to Index	57%	57%	45%	43%	46%
Chronic Health Conditions					
Any Serious CDPS Diagnosis (Medium or Higher), 24 Months Prior to Index	46%	47%	47%	47%	48%
Chronic Illness Risk Score - Low	6%	5%	6%	6%	6%
Chronic Illness Risk Score - Medium	43%	43%	42%	42%	43%
Chronic Illness Risk Score - High	52%	52%	52%	52%	51%
Traumatic Brain Injury, Ever	53%	52%	52%	53%	52%
Two or More CDPS Disease Group Diagnoses	72%	72%	73%	72%	73%

Mental Health Indicators, 24 Months Prior to Index					
Psychotic Disorder Diagnosis	40%	40%	43%	46%	46%
Mania and Bipolar Disorder Diagnosis	34%	34%	36%	37%	36%
Depressive Disorder Diagnosis	75%	75%	73%	70%	70%
Anxiety Disorder Diagnosis	71%	73%	74%	71%	71%
Attention Deficit Hyperactivity Disorder Diagnosis	14%	15%	16%	15%	15%
Impulse/Conduct Disorder Diagnosis	11%	14%	15%	14%	15%
Other Mental Health Diagnosis	89%	89%	90%	90%	90%
Post-Traumatic Stress Disorder Diagnosis	42%	43%	43%	43%	44%
Adjustment Disorder Diagnosis	11%	11%	12%	11%	11%
Any CDPS Psychiatric Diagnosis, Medium Low or Higher	92%	92%	93%	92%	92%
Psychotropic Medication, Any	83%	84%	86%	86%	85%
Substance Use Indicators, 24 Months Prior to Index					
Alcohol Use Disorder	54%	55%	56%	55%	53%
Opioid Use Disorder	51%	54%	56%	56%	57%
Stimulant Use Disorder	73%	76%	77%	78%	77%
Other Drug Use Disorder	55%	57%	58%	56%	54%
Arrested for a Substance Use Related Charge	25%	26%	24%	15%	9%



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