



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

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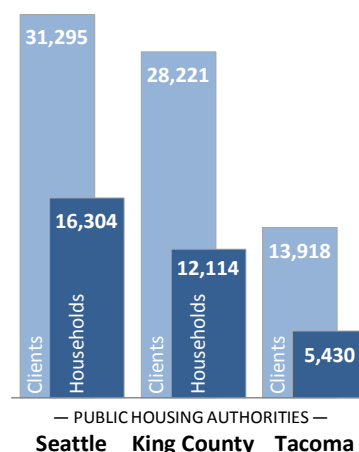
HOUSING is widely acknowledged to be important to health and well-being, particularly for children. Each year, public housing authorities (PHAs) subsidize tens of thousands of rental units across Washington State, in an effort to ensure that low-income families have access to stable, affordable, high-quality housing. However, relatively little is known about the people living in PHA housing, or the impact of housing assistance on individual or family outcomes. Because PHAs are funded and monitored by the US Department of Housing and Urban Development (HUD), client data are not typically available through state administrative databases. In 2011, the Bill & Melinda Gates Foundation provided a grant to develop integrated public housing and social services data capacity. Agreements are currently in place with three of the largest public housing providers in the state, Seattle, King County and Tacoma Housing Authorities. The integrated social services and public housing client data allow us to identify DSHS clients living in assisted housing and provides the foundation for in-depth analyses about the role of housing in outcomes. In this report, we examine three basic questions about housing assistance recipients from the three PHAs:

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

Key Findings

- Almost all (96 percent) of PHA clients in CY 2011 were DSHS clients at some point; 84 percent received a DSHS service that same year.
- Medical coverage and Basic Food were the most common DSHS 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.

Served by DSHS and Seattle, King and Tacoma Housing Authorities, CY 2011



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 36 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 (HCV) program, vouchers are awarded through a lottery.

PHAs provide three main types of housing assistance:¹

Housing Choice Vouchers

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

Public Housing

- 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 AMI to qualify for public housing, but PHAs often give preference to households that are homeless or have incomes below 30 percent of AMI.

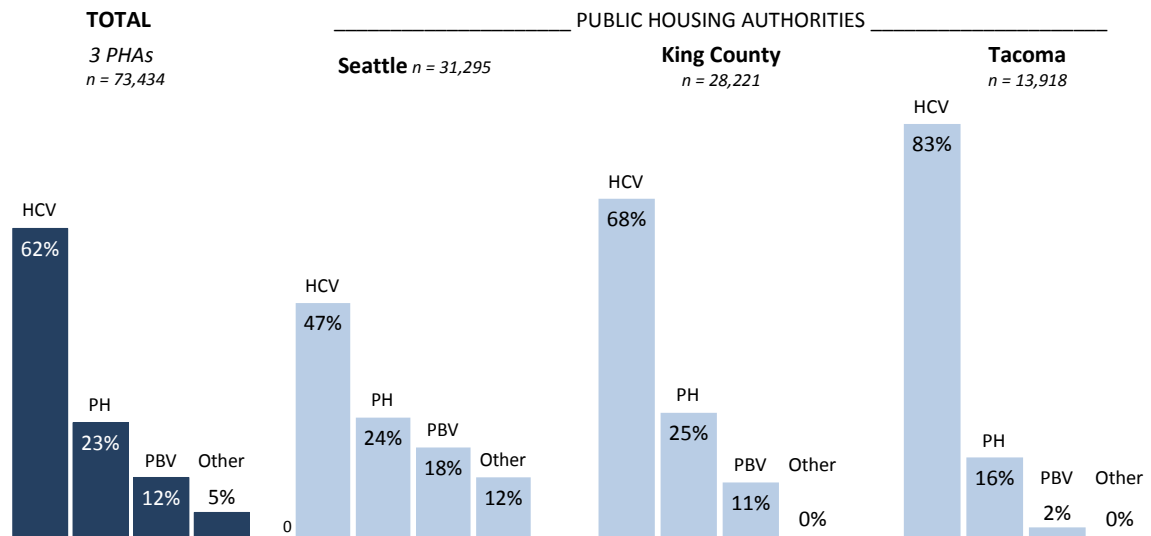
Project-based vouchers

- Project based vouchers, sometimes called HUD multi-family housing or project-based Section 8, pay a portion of the rent for housing units in properties that have received financing from HUD or have contracts with PHAs to provide housing to low-income households. Property owners may be PHAs, non-profit organizations or service providers, and generally hire private management companies to maintain the rental properties. Project-based voucher housing may serve specific populations, such as seniors or people with disabilities. Households must have incomes below 30 to 50 percent of AMI to qualify for project-based housing.

Almost half (47 percent) of PHA clients statewide live in one of the three PHAs included in this report: Seattle Housing Authority (SHA), King County Housing Authority (KCHA) or Tacoma Housing Authority (THA), according to data from the U.S. Housing and Urban Development (2009). At these PHAs, tenant-based Housing Choice Vouchers account for about two thirds of all assistance provided, while public housing (23 percent) and project-based vouchers (12 percent) account for the rest.

¹ Income eligibility is based on a percentage of the area median income (AMI), as established by HUD for each program. For a family of four in Seattle in 2013, for example, 30 percent of area median income was \$26,000 and 80 percent was \$64,400. Individual PHAs can select the percentage level within this range to use as the income eligibility threshold for each program.

PHA-DSHS Clients by PHA and Housing Program Type, CY 2011



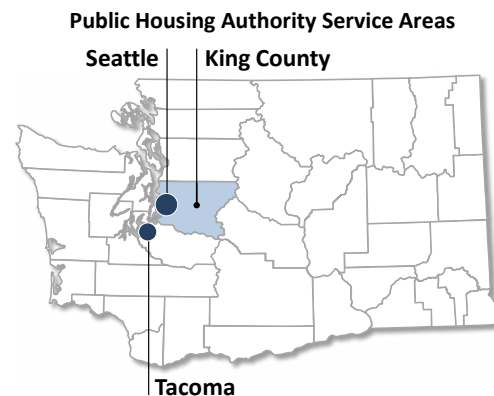
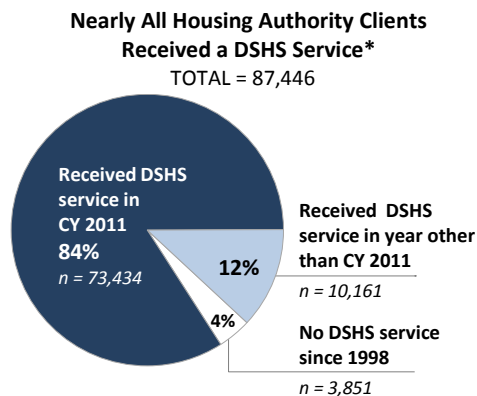
HCV = Housing Choice Vouchers • PH = Public Housing • PBV = Project-Based Vouchers • Other = 2,224 Seattle Housing Authority clients who could not be assigned to a single assistance program

Q1. Do DSHS and PHAs serve the same clients?

Shared PHA-DSHS Clients in CY 2011

The Seattle, King County and Tacoma housing authorities (SHA, KCHA and THA) served 87,446 individuals for at least one month of CY 2011.² Nearly all of these clients (96 percent) had received a DSHS service at some point since 1998, and 84 percent of them received a DSHS service in 2011, resulting in a total of 73,434 individuals (representing 33,848 households) who were jointly served by the PHA and DSHS in 2011. These joint clients comprise 10 percent of the 726,516 individuals served by DSHS in King and Pierce Counties in 2011.

In the sections that follow, we first identify PHA clients' demographic characteristics, social and health service use and employment in 2011. We then examine service use and several indicators of physical and behavioral health for the PHA clients compared to other DSHS clients without PHA assistance who lived in the same jurisdictions. Compared to DSHS clients without housing assistance, the PHA clients are more likely to use public health or economic services, more likely to suffer from substance abuse, mental illness or a chronic health condition, and less likely to be employed.





*Based on DSHS services, 1998-2011

² See the technical notes for a detailed description of the PHA sample.

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

Household Composition and Demographics

The majority (58 percent) of PHA residents are female. Approximately two-thirds are non-white, and 45 percent are African American. Non-Hispanic whites represent 28 percent of all PHA clients. More than a third of all PHA households include at least one child under the age of 18. The share of households with children is highest for Tacoma (51 percent) and lowest for Seattle (31 percent). Among households without children, the majority are single adults living alone. In addition to serving fewer households with children, Seattle clients are older than King County or Tacoma housing authority clients.

Household Composition and Demographics Joint PHA-DSHS Clients, CY 2011				
PUBLIC HOUSING AUTHORITIES				TOTAL ALL 3 PHAs n = 73,434
Seattle n = 31,925	King County n = 28,221	Tacoma n = 13,918		
 Individuals				
Gender				
Male	44%	41%	41%	42%
Female	56%	59%	59%	58%
Race/ethnicity (all clients)³				
White only	21%	35%	31%	28%
Minority	73%	58%	65%	66%
African American	52%	38%	45%	45%
Asian/Pacific Islander	12%	12%	12%	13%
Native American	6%	5%	7%	6%
Hispanic (may be of any race)	7%	10%	9%	9%
Avg. age (head of household)	51.8	49.9	47.2	50.4
Avg. age (all clients)	33.8	30.5	27.0	31.2
0 to 5 years	11%	11%	13%	11%
6 to 11 years	12%	15%	17%	14%
12 to 17 years	12%	14%	14%	13%
18 to 24 years	9%	11%	11%	10%
25 to 34 years	10%	11%	12%	10%
35 to 44 years	11%	11%	9%	10%
45 to 54 years	12%	10%	9%	11%
55 to 64 years	11%	8%	7%	9%
65 years and older	12%	11%	7%	11%
 Households				
PUBLIC HOUSING AUTHORITIES				TOTAL ALL 3 PHAs n = 33,848
Seattle n = 16,304	King County n = 12,114	Tacoma n = 5,430		
Avg. household size	1.9	2.3	2.6	2.2
Households w/ children 0-17	31%	44%	51%	39%
Single adult w/ children 0-17	18%	22%	28%	21%
Single adult, no children	59%	41%	37%	49%

³ Race/ethnicity is unknown for 4 to 6 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.

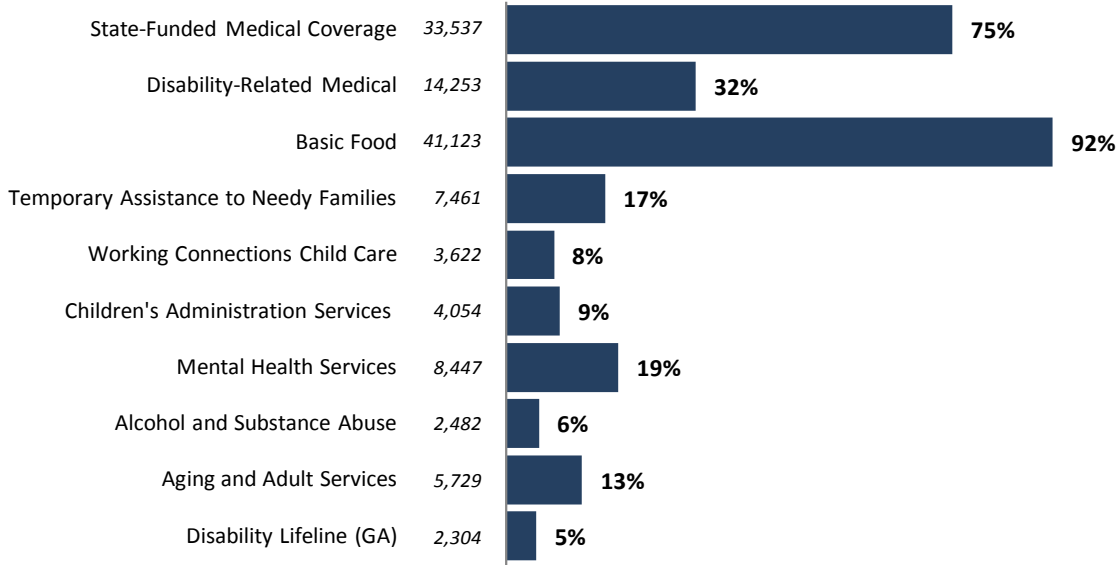
Overview of CY 2011 Social Service Use for Individuals with PHA Assistance

Overall, medical coverage and the Basic Food program were the most common services used by PHA clients. This was particularly true among children: nearly all PHA-assisted children received medical coverage in 2011, and 89 percent received at least one month of food assistance. Among adults, medical coverage and Basic Food program participation were followed by disability-related medical coverage and mental health services. As shown in the charts on the following pages, service use is similar across the three PHAs and consistently higher among children than adults.

Social service use in 2011⁴

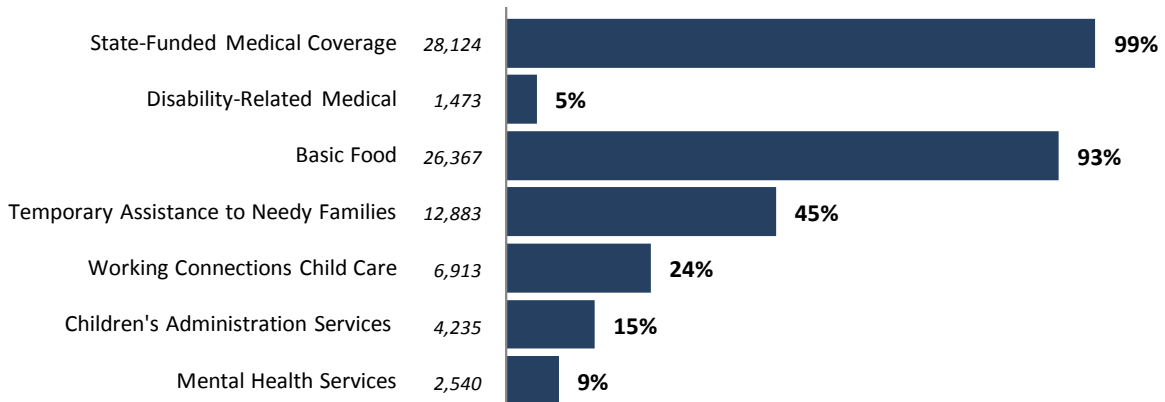
Adult Housing Assistance Clients Ages 18 and Over with . . .

TOTAL = 44,918



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

TOTAL = 28,500



⁴ The total PHA-DSHS clients for these charts equals 73,418 which excludes 16 people for whom age was unknown.

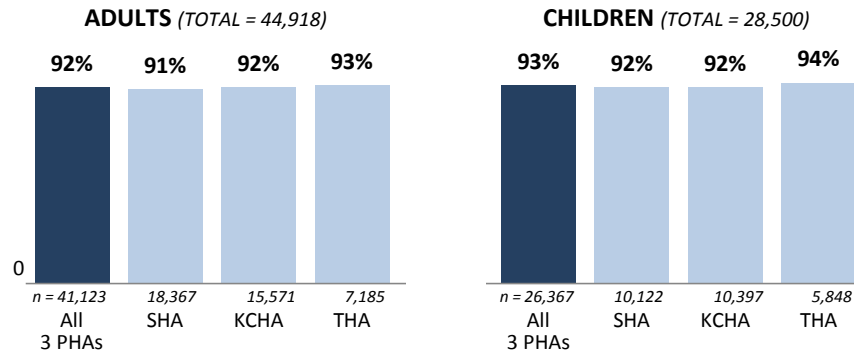
Economic Assistance

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 CY 2011.

DSHS Basic Food Program Participation by PHA

PHA – DSHS CLIENTS, CY 2011

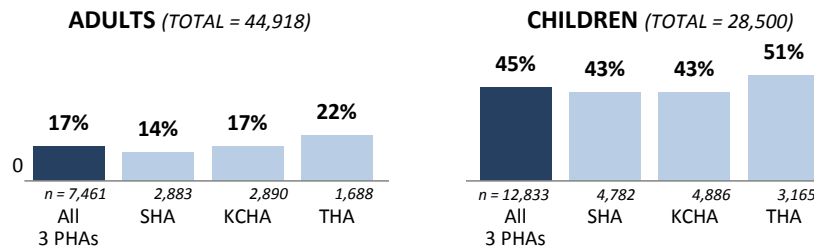


Almost half of PHA-assisted children receive TANF

The Temporary Assistance for Needy Families (TANF) program provides cash assistance to low-income families with children. On average, 45 percent of all children and 17 percent of adults at the PHAs received at least one month of TANF assistance in 2011. Participation was similar across the three PHAs, with slightly higher rates for the Tacoma Housing Authority. In November 2011, new 60-month time limits were placed on TANF assistance, resulting in an immediate loss of TANF benefits for 1 percent of PHA households (1,005 individuals). As of December 2011, an additional 18 percent of households served by the three PHAs included a member who had received at least 50 months of TANF and were at risk of losing benefits in the next 10 months. The share of households at risk of losing TANF benefits was highest for Tacoma (25 percent).

DSHS TANF Participation by PHA

PHA – DSHS CLIENTS

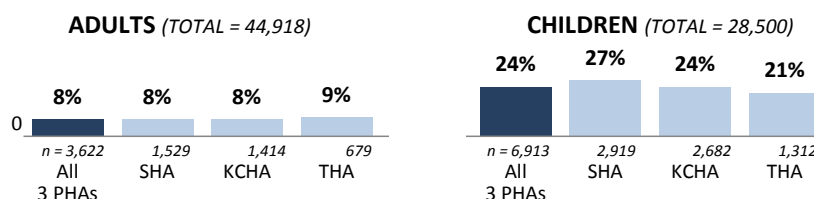


One-quarter of children received child care assistance

DSHS' Working Connections Child Care (WCCC) program helps low-income families pay for child care while working or meeting TANF WorkFirst participation requirements. Approximately 8 percent of all adults and 24 percent of children received child care subsidies in 2011.

DSHS Working Connections Child Care Subsidy Receipt by PHA

PHA – DSHS CLIENTS



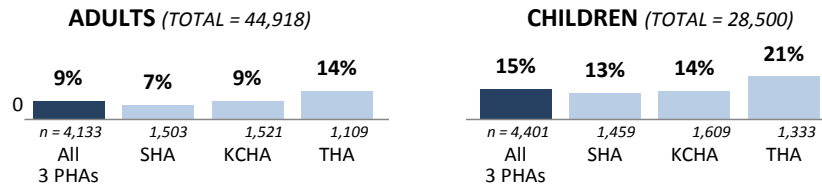
Child Welfare

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

DSHS' Children's Administration (CA) provides a range of services to support children and families. These include investigating allegations of child abuse or neglect, services for parents and children that are separated or at risk of separation, and services to help at-risk families. The measure of child welfare system involvement captures receipt of any CA service. Nine percent of PHA adults and 15 percent of PHA children were involved with the child welfare system in 2011.

DSHS Children's Administration Involvement by PHA

PHA – DSHS CLIENTS



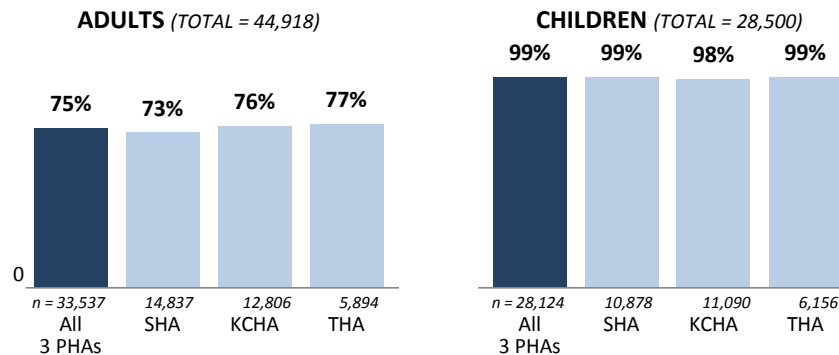
Medical Coverage

Nearly all children and most adults have medical coverage

DSHS provides medical coverage primarily through the Medicaid program, to individuals who meet income eligibility requirements or have a disabling condition. Disability-related coverage is a subset of medical coverage for specific mental or physical health disabilities, and is provided to individuals (mainly adults) who receive Supplemental Security Income (SSI). Nearly all PHA-assisted children and three-quarters of adults received medical coverage in 2011; about one-third of adults received disability-related coverage. Service use for both types of coverage was similar across PHAs.

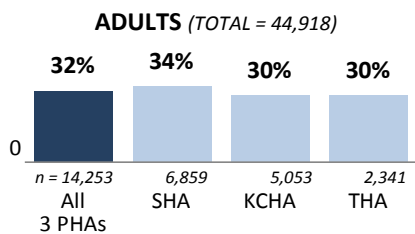
State Medical Coverage and Disability-Related Coverage by PHA

PHA – DSHS CLIENTS, CY 2011



Disability-related Medical Coverage for Adults by PHA

PHA – DSHS CLIENTS, CY 2011



Behavioral Health

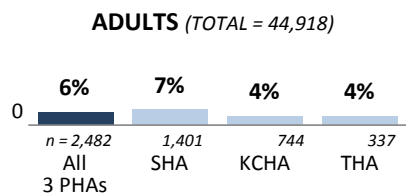
One in five adults uses mental health services

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 and Service Integration Administration (BHSIA) also oversees mental health services provided through state or community-based mental hospitals and by local community mental health agencies.

Use of AOD treatment services was relatively low across all three PHAs (6 percent). Use of mental health services was higher: nearly 20 percent of all PHA adult clients and 10 percent of all children received mental health services in 2011. Among adults, mental health service use was highest among Seattle clients (22 percent) and lowest among Tacoma clients (11 percent).

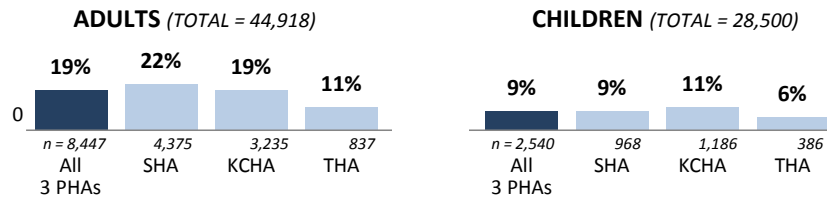
DSHS Alcohol and Substance Abuse Service Receipt by PHA

PHA – DSHS CLIENTS



DSHS Mental Health Service Receipt by PHA

PHA – DSHS CLIENTS



Employment

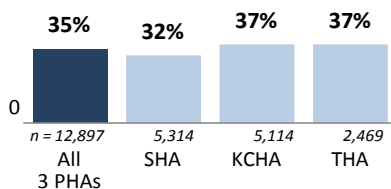
One-third of PHA clients reported earnings in CY 2011

Employment and wage data are available from the Employment Security Department's Unemployment Insurance wage database. The percentages below represent the share of PHA-DSHS working age adults (18-64 years) who had any earnings reported in the Unemployment Insurance data for 2011. Overall, 35 percent of all PHA-DSHS clients had any earnings in 2011. Among PHA residents with reported employment, average annual earnings were quite low (\$10,540). Employment was slightly higher for Tacoma and King County clients compared to Seattle PHA clients. Earnings are for individual wage earners and do not reflect total household income from all sources.

Employment Rates by PHA

PHA – DSHS CLIENTS

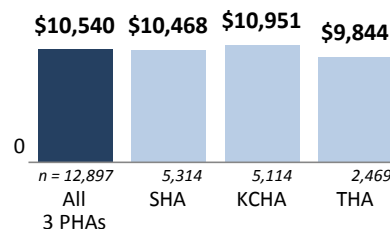
Working age adults (18-64 years, TOTAL = 37,167)



Average Annual Earnings by PHA

PHA – DSHS CLIENTS WITH EARNINGS

Employed Working age adults (TOTAL = 12,897)



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 chose DSHS clients from King and Pierce Counties who got at least one DSHS service in 2011 but did not live in PHA housing at any point in the year. A total of 653,082 clients are in the group identified as DSHS clients without PHA assistance, which we compare to 73,434 DSHS clients with PHA assistance.⁵ We found a number of differences between the two groups. DSHS clients with PHA housing had higher service use rates, worse mental and physical health, and lower employment rates in 2011 than DSHS clients without PHA housing assistance.

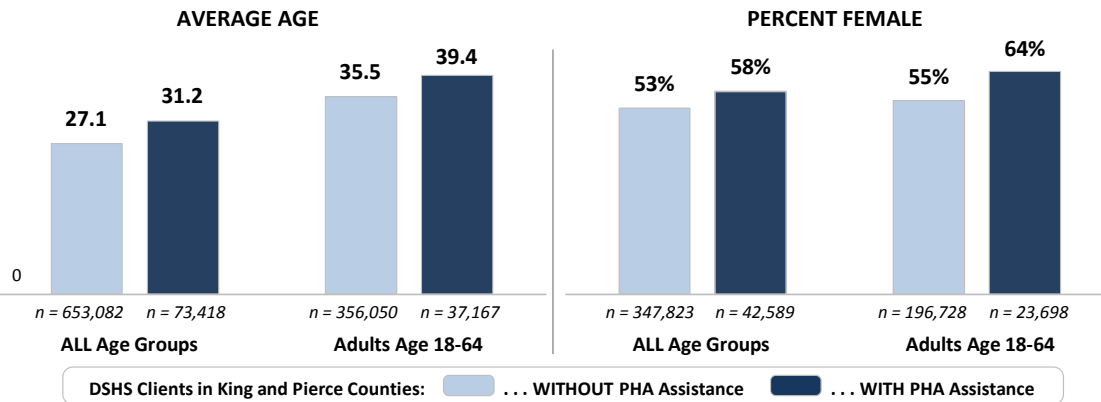
Demographics

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 King and Pierce counties 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 assistance.

Age and Gender

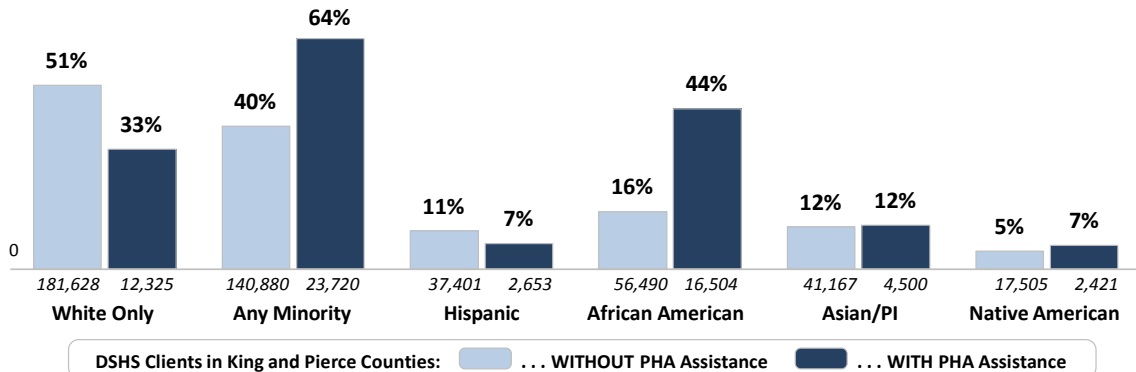
DSHS King and Pierce County CY 2011 Clients, by PHA assistance, all ages and adults



PHA clients are also significantly more likely to be African American, and less likely to be white or Hispanic. Two-thirds of all PHA-DSHS clients are members of a minority group, and 45 percent identify as African American (compared to 14 percent of King and Pierce county DSHS clients).

Race/Ethnicity

DSHS King and Pierce County CY 2011 Clients, by PHA assistance, all ages



⁵ 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.

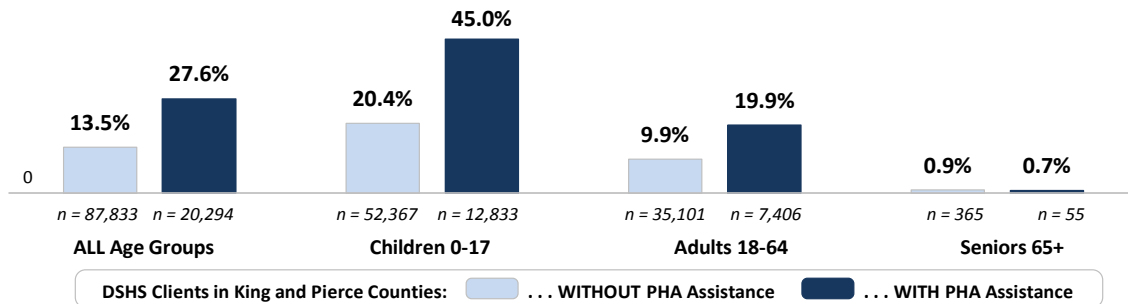
Economic Assistance

PHA clients are more likely to receive TANF and Basic Food

Across all three age groups, PHA clients were considerably more likely than the comparison group to receive both TANF assistance and Basic Food. Differences were consistent across age groups and particularly pronounced among children. For example, nearly half of all PHA children received TANF in 2011, more than double the percent of DSHS children without PHA assistance (45 percent versus 22 percent).

TANF Assistance

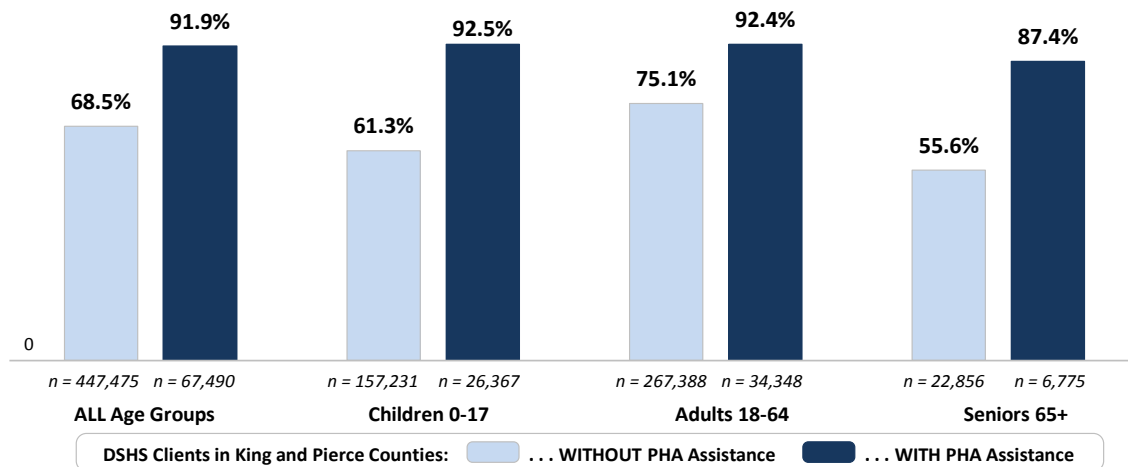
DSHS King and Pierce County 2011 clients with TANF in 2011, by PHA assistance and age group



Basic Food was provided to a particularly high proportion of the PHA-assisted clients: 92 percent of these clients received Basic Food for at least one month in 2011 compared to 69 percent of DSHS clients without PHA housing. These differences may reflect the lower-income population served by the PHAs and the possibility that PHA-assisted households may be more likely to apply for services for which they are eligible.

Basic Food Program

DSHS King and Pierce County 2011 clients with Basic Food in 2011, by PHA assistance, by age group



Child Welfare

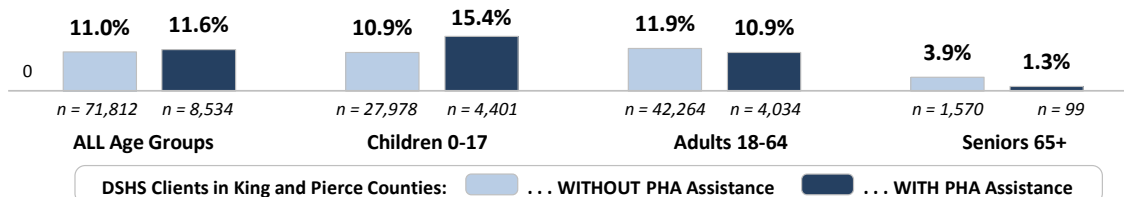
Use of Children’s Administration services varies by PHA assistance and age

A higher percentage of children living in PHA housing in CY 2011 received services from the DSHS Children’s Administration (CA) during the year compared to DSHS children who did not have PHA housing assistance: 15.4 versus 10.9 percent. Among adults and seniors, however, the reverse is true: those receiving help from the PHAs had *lower* rates of involvement with the child welfare system during the year than did those not getting PHA assistance.

Each of the three PHAs offer direct assistance to families who are involved in the child welfare system through the Family Unification Program (FUP). FUP targets families with children already placed into foster care or ones that are facing separation primarily because of their housing status. Program goals include reducing the length of time children spend in foster care and reducing new allegations of abuse or neglect. Hence, FUP helps to serve at-risk families by providing housing through the PHAs. In 2011, the three PHAs used FUP vouchers to provide housing to 914 children, 646 adults and four seniors.

Children’s Administration Services

DSHS King and Pierce County CY 2011 Clients, by PHA assistance, by age group



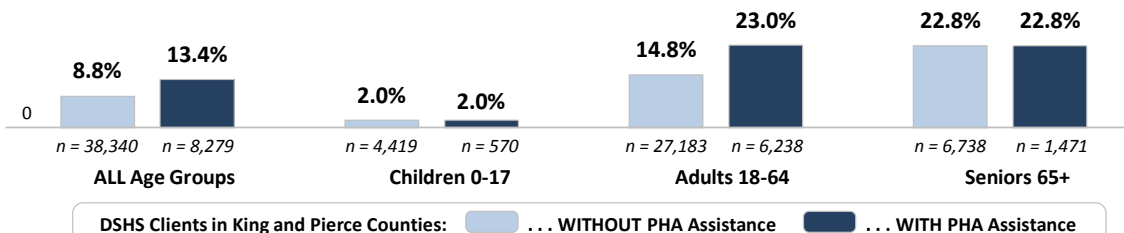
Physical Health

PHA-assisted adults have more chronic illness and are treated for more injuries

To understand clients’ physical health, DSHS calculates a chronic disease risk score based on health service diagnoses and pharmacy claims information (Gilmer, 2001; Kronick *et al.*, 2000). The score is based on the average for individuals that meet Social Security Insurance (SSI) disability criteria. Scores that are above the average indicate a higher risk for chronic illnesses. Among adults ages 18 to 64, the PHA-assisted clients were significantly more likely to have risk scores at or above the average for Washington State SSI recipients. The chronic disease indicator, however, did not differ according to housing assistance status for children or seniors.

Chronic Illness

DSHS King and Pierce County CY 2011 clients with above-average chronic disease risk, by PHA assistance and age*



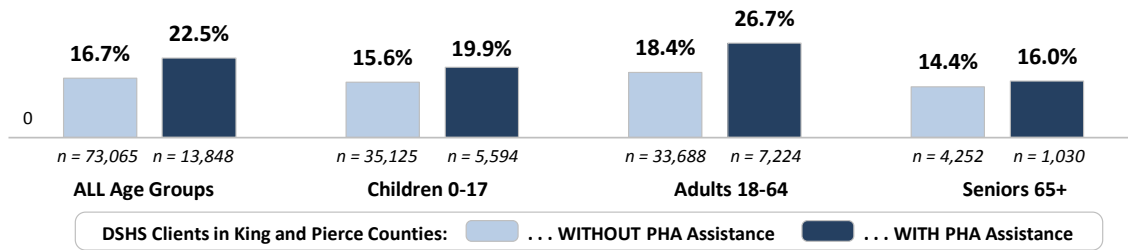
*Chronic illness indicator is normed upon disabled adults and children on Supplemental Security Income (Kronick *et al.*, 2000).

PHA recipients in all age groups were more likely to have been treated for an injury than clients without PHA assistance.⁶ The difference was largest among adults: 27 percent of PHA-assisted adults were treated for an injury compared to about 18 percent of adults who did not get PHA assistance. In some cases, treatment for injuries may be an indicator of other risk factors in the home, such as child abuse or neglect, domestic violence or substance abuse problems. The higher incidence of chronic illness found among adults may also place some PHA clients at higher risk for injuries.

⁶ These analyses are limited to DSHS clients who had at least one month of medical coverage in CY 2011.

Injuries

DSHS King and Pierce County 2011 clients treated for an injury in 2011, by PHA assistance and age group



Behavioral Health

PHA clients have higher rates of mental illness and substance abuse

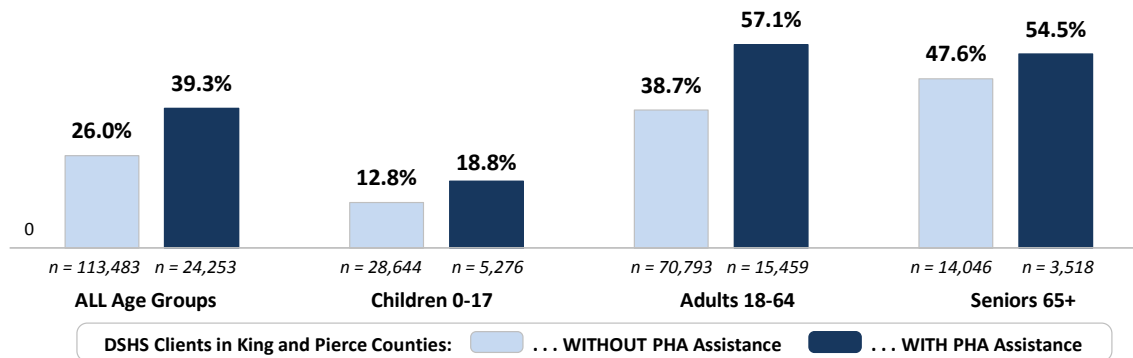
To measure mental illness we draw data from multiple data sources contained in the Integrated Client Database over a 24-month period. Specifically, individuals are considered to have a mental illness if any of the following were indicated in any month of 2010 or 2011:

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 significantly more likely to have an indication of mental illness. Adults in particular were more likely to have an indication of a serious mental illness (psychosis or bipolar disorder). Over half of all PHA-assisted adults and seniors had some indication of mental illness and one third received a diagnosis or treatment for depression. PHA-assisted children were also more likely to have received a mental health service.

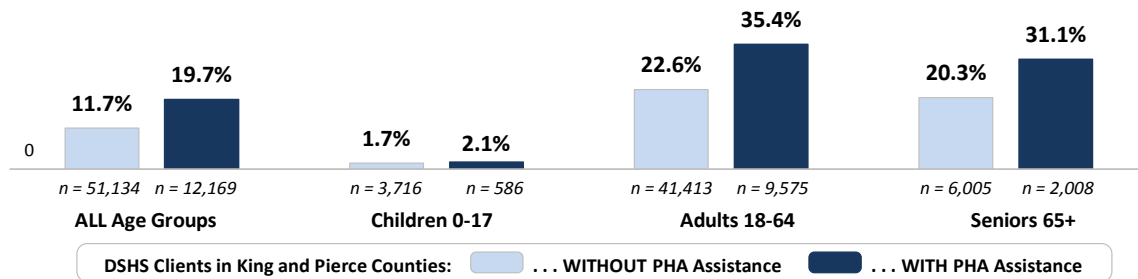
Mental Health Diagnosis or Services

DSHS King and Pierce County 2011 clients treated for any mental illness in 2010 or 2011, by PHA assistance and age group



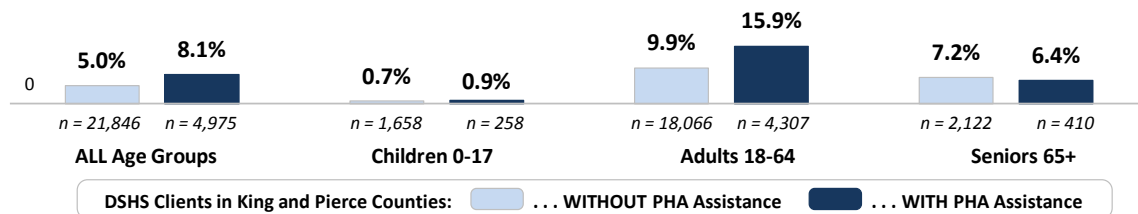
Depression

DSHS King and Pierce County 2011 clients with depression diagnosis or treatment in 2010 or 2011, by PHA assistance and age group



Psychosis or Bipolar/Mania

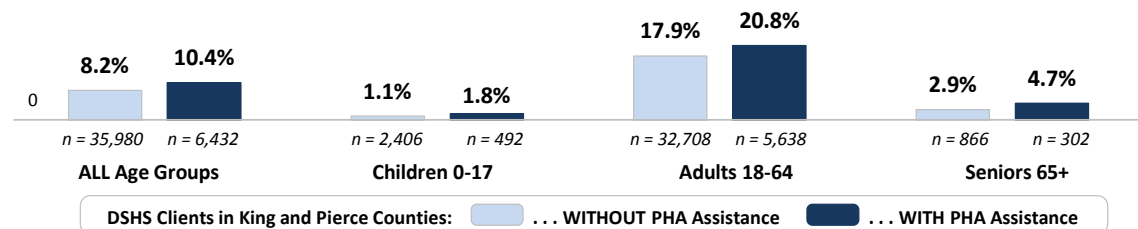
DSHS King and Pierce County 2011 clients with psychosis/bipolar diagnosis or treatment in 2010 or 2011, by PHA assistance and age group



We consider an individual to have a probable alcohol or other drug (AOD) problem if any of the following were present in CY 2010 or 2011: an AOD-related medical diagnosis or pharmacy claim, receipt of AOD treatment and/or detoxification services, or a drug- or alcohol-related arrest. PHA clients were significantly more likely to have an indication of substance abuse compared to DSHS clients without PHA housing assistance, although the magnitude of the difference is small (ranging between approximately one to three percentage points).

Substance Abuse

DSHS King and Pierce County 2011 clients with indicator of substance abuse, by PHA assistance and age group



Employment

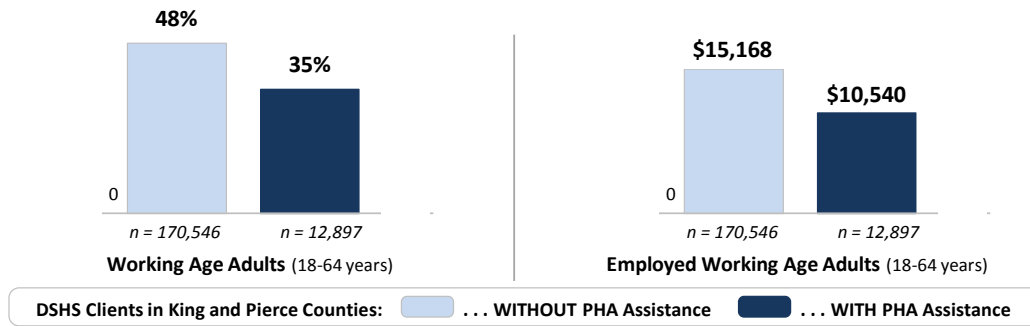
PHA clients are less likely to work, and have lower earnings

Employment rates and average annual earnings were much lower for the PHA-assisted working age adults (18-64 years) compared to DSHS clients without housing assistance in King and Pierce counties. Among the working age clients *without* housing assistance, 48 percent worked at some point during 2011 compared to 35 percent of those with PHA-assisted housing. The lower employment rates may, in part, reflect the higher rates of disability or chronic mental and physical illness among the PHA clients.

Employment (Any Time in CY 2011)

Earnings (Annual)

DSHS King and Pierce County CY 2011 Clients, by PHA assistance, working age adults (18-64 years)



Summary

A foundation for future research

The importance of housing, particularly for low-income children, is established in the literature (Newman 2008; Cunningham and MacDonald 2012; Coley et al. 2013; Levanthal and Newman, 2010), but research about how housing may impact individual health and well-being is often limited by a lack of detailed data describing subsidized housing residents. This report is the first to use data acquired through recent data sharing agreements between DSHS and the three housing authorities discussed here—Seattle, King County and Tacoma. The analyses described in this report suggest that PHAs serve individuals and families that need significant health, social service and economic support. Compared to DSHS clients in the same counties who did not live in PHA housing, the PHA clients appear to be in poorer physical and behavioral health, are more likely to use food and TANF assistance, and are less likely to work.

These findings provide new insights into the population that PHAs serve, but do not speak directly to the larger question of how housing assistance together with social and health services may impact the lives of low-income people. Some of the differences between DSHS clients with and without PHA housing assistance could be attributed to improvements in the ability of individuals served by PHAs to access social and health services because of their housing stability or relationships with PHA case managers. Alternatively, health problems or service use among PHA clients could have been even more pronounced absent the stability and access to services that assisted housing provides.

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

APPENDIX: Supporting Tables

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

ALL AGES	DSHS CLIENTS, KING and PIERCE Counties ALL AGES		PHA-DSHS Shared Clients ALL AGES	
	NUMBER	PERCENT	NUMBER	PERCENT
Age (mean)	653,082	27.1	73,418	31.2
GENDER				
Female	347,823	53.3	42,589	58.0
Male	305,181	46.7	30,829	42.0
RACE/ETHNICITY				
Missing Race	89,880	13.8	4,330	5.9
White Only	286,907	43.9	20,770	28.3
Any minority	276,295	42.3	48,318	65.8
Hispanic	91,854	14.1	6,398	8.7
African American	93,641	14.3	33,106	45.1
Asian/Pacific Islander	85,589	13.1	9,777	13.3
Native American	28,654	4.4	4,141	5.6
GEOGRAPHIC LOCATION				
Rural	4,962	0.8	272	0.4
Urban - Low Density	7,379	1.1	783	1.1
Urban - Medium Density	13,436	2.1	1,317	1.8
Urban - High Density	626,774	96.0	71,012	96.7
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 HEALTH⁷				
Medicaid Eligibility (mean months)	437,392	9.6	61,661	11.1
Need for Alcohol or Other Drug Treatment	35,980	8.2	6,432	10.4
Psychosis or Bipolar/Mania Diagnosis	21,846	5.0	4,975	8.1
Diagnosis of Depression	51,134	11.7	12,169	19.7
Medical Encounter to Treat an Injury	73,065	16.7	13,848	22.5
Chronic disease risk score at or above average SSI recipient	38,340	8.8	8,279	13.4
Any Mental Illness	113,483	26.0	24,253	39.3
EMPLOYMENT AND EARNINGS				
Employment (age 16 and over)	175,980	41.9	13,470	28.1
Earnings (annual, age 16 and over)	175,980	\$14,872	13,470	\$10,280
TOTAL	653,082	100%	73,418	100%

⁷ All medical and behavioral health measures are restricted to clients who had at least one month of medical coverage in CY 2011.

CHILDREN	DSHS CLIENTS, KING and PIERCE Counties AGE 0-17		PHA-DSHS Shared Clients AGE 0-17	
	NUMBER	PERCENT	NUMBER	PERCENT
Age (mean)	256,673	7.8	28,500	8.9
GENDER				
Female	125,064	48.7	14,033	49.2
Male	131,578	51.3	14,467	50.8
RACE/ETHNICITY⁸				
Missing Race	53,092	20.7	2,957	10.4
White Only	85,474	33.3	4,838	17.0
Any Minority	118,107	46.0	20,705	72.7
Hispanic	52,190	20.3	3,431	12.0
African American	33,984	13.2	15,314	53.7
Asian/Pacific Islander	32,606	12.7	3,053	10.7
Native American	10,376	4.0	1,511	5.3
GEOGRAPHIC LOCATION				
Rural	1,557	0.6	97	0.3
Urban - Low Density	2,628	1.0	283	1.0
Urban - Medium Density	4,718	1.8	455	1.6
Urban - High Density	247,641	96.5	27,663	97.1
SOCIAL SERVICE UTILIZATION				
Basic Food	157,231	61.3	26,367	92.5
Temporary Assistance for Needy Families	52,367	20.4	12,833	45.0
Disability Lifeline	3	0.0	1	0.0
Children's Administration Involvement	27,978	10.9	4,401	15.4
MEDICAL/BEHAVIORAL HEALTH				
Medicaid Eligibility (mean months)	224,731	10.3	28,124	11.5
Need for Alcohol or Other Drug Treatment	2,406	1.1	492	1.8
Psychosis or Bipolar/Mania Diagnosis	1,658	0.7	258	0.9
Diagnosis of Depression	3,716	1.7	586	2.1
Medical Encounter to Treat an Injury	35,125	15.6	5,594	19.9
Chronic disease risk score at or above average	4,419	2.0	570	2.0
SSI recipient				
Any Mental Illness	28,644	12.8	5,276	18.8
EMPLOYMENT AND EARNINGS				
Employment (age 16-17)	3,623	15.0	364	12.2
Earnings (annual, age 16-17)	3,623	\$2,750	364	\$2,523
TOTAL	256,673	100%	28,500	100%

⁸ Individuals with known race were categorized into one of two mutually exclusive groups: White Only (Non-Hispanic) and Any Minority. Individuals in the Any Minority group were further categorized as Hispanic, African American, Asian/Pacific Islander, and/or Native American and may appear in more than one of these four categories

WORKING AGE ADULTS	DSHS CLIENTS, KING and PIERCE Counties AGE 18-64		PHA-DSHS Shared Clients AGE 18-64	
	NUMBER	PERCENT	NUMBER	PERCENT
Age (mean)	356,050	35.5	37,167	39.4
GENDER				
Female	196,728	55.3	23,698	63.8
Male	159,283	44.7	13,469	36.2
RACE/ETHNICITY				
Missing Race	33,542	9.4	1,112	3.0
White Only	181,628	51.0	12,325	33.2
Any minority	140,880	39.6	23,730	63.9
Hispanic	37,401	10.5	2,653	7.1
African American	56,490	15.9	16,504	44.4
Asian/Pacific Islander	41,167	11.6	4,500	12.1
Native American	17,505	4.9	2,421	6.5
GEOGRAPHIC LOCATION				
Rural	3,267	0.9	165	0.4
Urban - Low Density	4,591	1.3	438	1.2
Urban - Medium Density	8,273	2.3	791	2.1
Urban - High Density	339,559	95.4	35,753	96.2
SOCIAL SERVICE UTILIZATION				
Basic Food	267,388	75.1	34,348	92.4
Temporary Assistance for Needy Families	35,101	9.9	7,406	19.9
Disability Lifeline	18,052	5.1	2,039	5.5
Children's Administration Involvement	42,264	11.9	4,034	10.9
MEDICAL/BEHAVIORAL HEALTH				
Medicaid Eligibility (mean months)	183,125	8.7	27,079	10.5
Need for Alcohol or Other Drug Treatment	32,708	17.9	5,638	20.8
Psychosis or Bipolar/Mania Diagnosis	18,066	9.9	4,307	15.9
Diagnosis of Depression	41,413	22.6	9,575	35.4
Medical Encounter to Treat an Injury	33,688	18.4	7,224	26.7
Chronic disease risk score at or above average	27,183	14.8	6,238	23.0
SSI recipient				
Any Mental Illness	70,793	38.7	15,459	57.1
EMPLOYMENT AND EARNINGS				
Employment (age 18-64)	170,546	47.9	12,897	34.7
Earnings (annual, age 18-64)	170,546	\$15,168	12,897	\$10,540
TOTAL	356,050	100%	37,167	100%

SENIORS	DSHS CLIENTS, KING and PIERCE Counties AGE 65 AND OVER		PHA-DSHS Shared Clients AGE 65 AND OVER	
	NUMBER	PERCENT	NUMBER	PERCENT
Age (mean)	40,359	76.3	7,751	74.5
GENDER				
Female	26,031	64.5	4,858	62.7
Male	14,320	35.5	2,893	37.3
RACE/ETHNICITY				
Missing Race	3,246	8.0	261	3.4
White Only	19,805	49.1	3,607	46.5
Any Minority	17,308	42.9	3,883	50.1
Hispanic	2,263	5.6	314	4.1
African American	3,167	7.9	1,288	16.6
Asian/Pacific Islander	11,816	29.3	2,224	28.7
Native American	773	1.9	209	2.7
GEOGRAPHIC LOCATION				
Rural	138	0.3	10	0.1
Urban - Low Density	160	0.4	62	0.8
Urban - Medium Density	445	1.1	71	0.9
Urban - High Density	39,574	98.1	7,596	98.0
SOCIAL SERVICE UTILIZATION				
Basic Food	22,856	56.6	6,775	87.4
Temporary Assistance for Needy Families	365	0.9	55	0.7
Disability Lifeline	2,327	5.8	265	3.4
Children's Administration Involvement	1,570	3.9	99	1.3
MEDICAL/BEHAVIORAL HEALTH				
Medicaid Eligibility (mean months)	29,536	10.4	6,458	11.5
Need for Alcohol or Other Drug Treatment	866	2.9	302	4.7
Psychosis or Bipolar/Mania Diagnosis	2,122	7.2	410	6.4
Diagnosis of Depression	6,005	20.3	2,008	31.1
Medical Encounter to Treat an Injury	4,252	14.4	1,030	16.0
Chronic disease risk score at or above average	6,738	22.8	1,471	22.8
SSI recipient				
Any Mental Illness	14,046	47.6	3,518	54.5
EMPLOYMENT AND EARNINGS				
Employment (age 65 and over)	1,811	4.5	209	2.7
Earnings (annual, age 65 and over)	1,811	\$11,237	209	\$7,738
TOTAL	40,359	100%	7,751	100%

STUDY POPULATION

This report summarizes an analysis of data describing individuals served by the Seattle, King County or Tacoma Housing Authorities at any point during calendar year 2011, who also received a DSHS service in calendar year 2011. The study population excludes clients whose only DSHS service in 2011 was child support enforcement.

The PHA clients include people in households who received a Housing Choice Voucher but did not successfully find housing with the voucher (“expired” vouchers), as well as clients who were housed for only a portion of the calendar year. For example, if an assisted unit or voucher was turned over to a new family during the calendar year, both the household that left the program and the household that joined will be included in the 2011 client count. The client counts also rely on service dates recorded in the PHA data, which may be missing in some cases—possibly identifying clients as actively housed who are no longer receiving assistance. As a result, the household and client counts captured in this report may be higher than the total point-in-time subsidized unit counts for any of the three PHAs.

Tenant-based voucher recipients who used their voucher to “port” to a different housing authority’s jurisdiction were included as a client of the PHA that issued the voucher. In some instances, tenant-based voucher clients were identified as housed by more than one PHA simultaneously, and it was not possible to identify the original PHA that issued the voucher. These clients were omitted from the analysis. Residents identified as living in SHA’s HOPE VI communities were also omitted from the analysis because of limitations with the HOPE VI data.

A comparison group was created using DSHS clients who were not served by the three PHAs that provided data for this report. While this group is described throughout the report as not receiving PHA assistance, it should be noted that some of these DSHS clients could have received housing assistance from other PHAs in the two-county area, such as the Pierce County or Renton Public Housing Authorities or they could have been served by vouchers that were issued by a housing authority in another jurisdiction, such as Snohomish County. Since we did not have access to data for these other housing authorities at the time the analyses for this report were prepared, some DSHS clients in our comparison group may have received housing assistance. Future analyses will attempt to overcome this limitation by using data obtained from the U.S. Department of Housing and Urban Development.

DATA SOURCES

The Seattle, King County and Tacoma Housing Authorities provided personal identifiers and data on receipt of assistance for all individuals who lived in public housing or received a tenant- or project-based Housing Choice Voucher. The identifiers were used to link the PHA records to various state administrative data systems.

DSHS’ Integrated Client Database (ICDB), as described in Mancuso (2014), is “a longitudinal client database ... containing over a decade of detailed service risks, history, costs, and outcomes. ICDB is used to support cost-benefit and cost-offset analyses, program evaluations, operational program decisions, geographical analyses and in-depth research. ... The ICDB draws information from over 30 data systems across and outside of DSHS and is created by extracting and matching client records for DSHS clients from administrative data collected by DSHS and other state. 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 DSHS 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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Copies of this paper may be obtained at www.dshs.wa.gov/rda/ or by calling DSHS' Research and Data Analysis Division at 360.902.0701.
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