Basic Food Client Characteristics
Working-Age Adults Receiving Food Assistance in Washington State

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ACCORDING TO RECENT DATA, more than 1 in 10 households in Washington State experience food insecurity, "meaning their access to adequate food is limited by a lack of money and other resources" (Coleman-Jensen et al. 2018). Food assistance programs, collectively known as Basic Food in Washington State, provide low-income households with vouchers to purchase food at grocery stores and additional supports to help avoid hunger and food insecurity.[1] The program is designed for quick access to benefits after job loss and other income shocks, and to provide continuing support to low-income households unable to otherwise make ends meet.
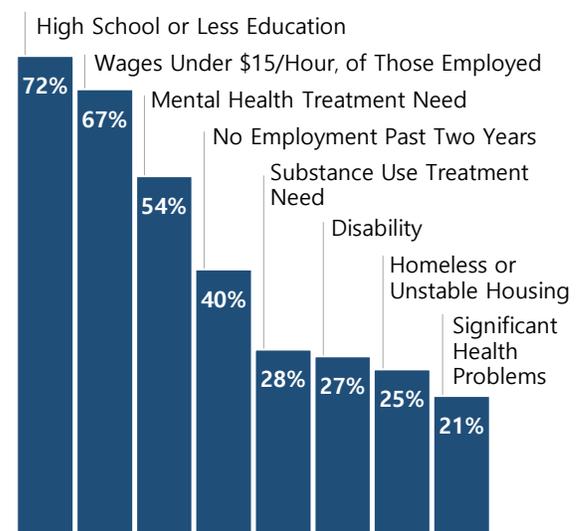
The Department of Social and Health Services' Economic Services Administration (ESA) is developing additional strategies to support low-income households as they work toward increased earnings and improved well-being. To that end, this report presents a descriptive portrait of Basic Food households and the working-age clients within them to help understand barriers to economic well-being. Appendix tables compare select characteristics across Basic Food, TANF, and Medicaid populations.

Key Findings

Working-age Basic Food clients face multiple barriers to economic well-being, including **low education, low wages,** and **significant behavioral health needs**.

- Roughly three-quarters (72 percent) have high school/GED or less education.

- Of the 60 percent recently employed, two-thirds (67 percent) had wages under $15 per hour.

- Of those on Medicaid, more than half (54 percent) have mental health treatment needs, more than one-quarter (28 percent) have substance use disorder treatment needs, and more than one-fifth (22 percent; not shown) have both.

- A substantial proportion of Basic Food clients with behavioral health needs are not accessing Medicaid-funded behavioral health services.

FIGURE 1.

Barriers to Economic Well-Being
Basic Food Clients Age 18-59, SFY 2017

High School or Less Education — 72%
Wages Under $15/Hour, of Those Employed — 67%
Mental Health Treatment Need — 54%
No Employment Past Two Years — 40%
Substance Use Treatment Need — 28%
Disability — 27%
Homeless or Unstable Housing — 25%
Significant Health Problems — 21%

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[1] Vouchers come in the form of cash value placed on Electronic Benefit Transfer (EBT) cards that can only be used to buy unprepared foods from authorized retailers. The average Basic Food benefit in SFY 2018 was $120 per person per month ($3.99 per day, $1.33 per meal; DSHS ESA 2019). Benefit amounts are higher for households in deeper poverty, and decline gradually as income increases.
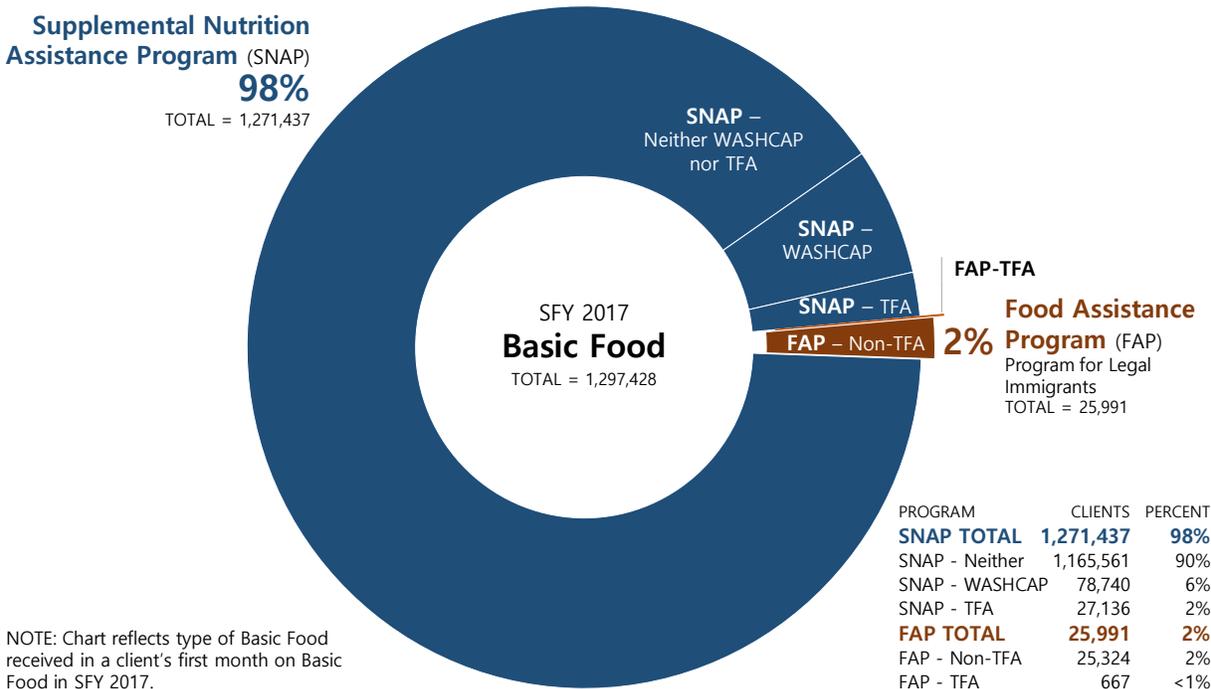
Basic Food Assistance in Washington

Washington's food assistance programs are collectively known as Basic Food. Approximately 1.3 million persons within approximately 726,000 households (HH) received Basic Food in at least one month of SFY 2017. The vast majority of Basic Food clients (98 percent in SFY 2017) are served through the federally funded Supplemental Nutrition Assistance Program (**SNAP**). The remainder (2 percent in SFY 2017) are not eligible for SNAP and instead receive benefits through the state-funded Food Assistance Program for Legal Immigrants (**FAP**).

A small number of Basic Food clients receive benefits (SNAP or FAP) through two sub-programs, TFA and WASHCAP. Clients on Basic Food while exiting Temporary Assistance for Needy Families (TANF) or Tribal TANF cash assistance programs maintain Transitional Food Assistance (**TFA**) for five months. In SFY 2017, TFA accounted for about 2 percent of SNAP clients and 3 percent of FAP clients. Additionally, certain Supplemental Security Income (SSI) recipients qualify for SNAP through the Washington Combined Application Program (**WASHCAP**), which involves a simplified enrollment process and longer certification period (36 months rather than the standard 12 months). In line with SSI eligibility, WASHCAP clients are aged (65+), blind, or disabled. In SFY 2017, WASHCAP represented about 6 percent of SNAP clients (none in FAP). Because the WASHCAP population differs substantially from the remainder of the Basic Food Population in terms of both enrollment/certification processes and client characteristics, this report sometimes presents statistics for this population separately.

In addition to food assistance, less than 1 percent of SNAP clients (approximately 10,000 clients per month in SFY 2017) are provided employment and training services through the Basic Food Employment and Training (**BFET**) program. In recent years, a small number of Basic Food clients have also participated in the Resources to Initiate Successful Employment (**RISE**) pilot program, which provided case management and other supportive services to help improve clients' in economic well-being. The RISE pilot ended in December 2018.

FIGURE 2.
Clients Receiving Basic Food, by Type
Washington State, SFY 2017

Supplemental Nutrition Assistance Program (SNAP)
98%
TOTAL = 1,271,437

SNAP –
Neither WASHCAP
nor TFA

SNAP –
WASHCAP

SNAP – TFA

FAP – Non-TFA

FAP-TFA

Food Assistance Program (FAP)
Program for Legal Immigrants
TOTAL = 25,991
2%

SFY 2017
Basic Food
TOTAL = 1,297,428

NOTE: Chart reflects type of Basic Food received in a client's first month on Basic Food in SFY 2017.

PROGRAM	CLIENTS	PERCENT
SNAP TOTAL	**1,271,437**	**98%**
SNAP - Neither	1,165,561	90%
SNAP - WASHCAP	78,740	6%
SNAP - TFA	27,136	2%
FAP TOTAL	**25,991**	**2%**
FAP - Non-TFA	25,324	2%
FAP - TFA	667	<1%

Basic Food Client Characteristics
Working-Age Adults Receiving Food Assistance in Washington State

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Basic Food Clients and Households

The 1.3 million Basic Food clients served in at least one month of SFY 2017 resided in approximately 726,000 households (HH).[2] In the average month of SFY 2017, approximately 1.0 million persons within approximately 536,000 households were served. Per program rules, all Basic Food recipients live in low-income households. Current program rules require most Basic Food households to have gross incomes below 200 percent of Federal Poverty Level (100 percent FPL = $12,060 for a single adult or $24,600 for a family of four in 2017).

On the basis of households, the majority (68 percent) of households receiving Basic Food in SFY 2017 were adult-only households, typically containing a single adult age 18 or older. About one in four of these single-adult households contained senior recipients only (age 60+). Twenty-nine percent of Basic Food households contained families with children. The typical Basic Food household with children in SFY 2017 contained 1 to 2 working-age adults and 2 children. Only 3 percent of Basic Food households were 'child only,' containing only child recipients (ineligible parents may be present).

FIGURE 3.

## Household Characteristics
SFY 2017

Basic Food Households
TOTAL = 725,846

Child-Only Households
n = 24,727 **3%**

| Adult-Only Households **68%** n = 491,807 | Families with Children **29%** n = 209,312 | |

| Adults = **1.1** Average/HH | Children = **0.0** Average/HH | Adults = **1.4** Average/HH | Children = **2.0** Average/HH | Adults = **0.0** Average/HH | Children = **2.2** Average/HH |

TOTAL = 1.1 PER HH   **TOTAL = 3.4 PER HH**   **TOTAL = 2.2 PER HH**

FIGURE 4.

Most Clients Live in Households with a Child, Elderly, or Disabled Person

22%
...live in other low-income households

78%
...of clients live in a household with a child, elderly, or disabled person
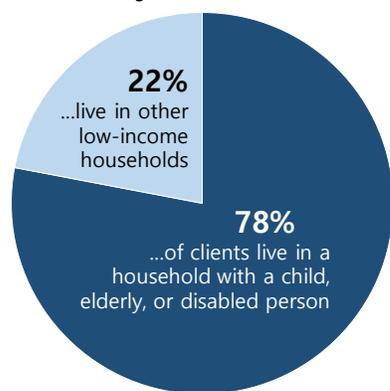
On the basis of individuals (instead of households), the majority of Basic Food recipients in SFY 2017 (60 percent) lived in households with children. Indeed, **Basic Food is an important safety net for vulnerable Washingtonians, as 78 percent of clients reside in a household with a child, an elderly person, or a person with disabilities.**[3]

The WASHCAP component of the Basic Food program, which provides for streamlined enrollment of SSI recipients into SNAP, contributes a disproportionate number of single-adult and elderly households to the Basic Food caseload. Eleven percent of all Basic Food households in SFY 2017 were WASHCAP households, and all were single-adult households for the purpose of eligibility determination.

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[2] Throughout this report, we use the word household in place of the more technical term 'assistance unit' (AU). Basic Food assistance units are frequently, but not always, the same as what we colloquially refer to as households—meaning a group of people living together in a common residence. However, AUs are more accurately defined as group of people who live together and who buy food and prepare meals together, as outlined in WAC 388-408-0035. In some cases, one or more individuals in a household may constitute their own assistance unit and qualify for benefits separately from others in a household.

[3] In this report, a child is defined as age 0-17, a senior or elderly person is defined as age 60 or older, and a person with disabilities is defined as enrolled in disability-related Medicaid coverage, OR non-elderly and receiving SSI/WASHCAP, OR having any disability identified in ESA's ACES data system.
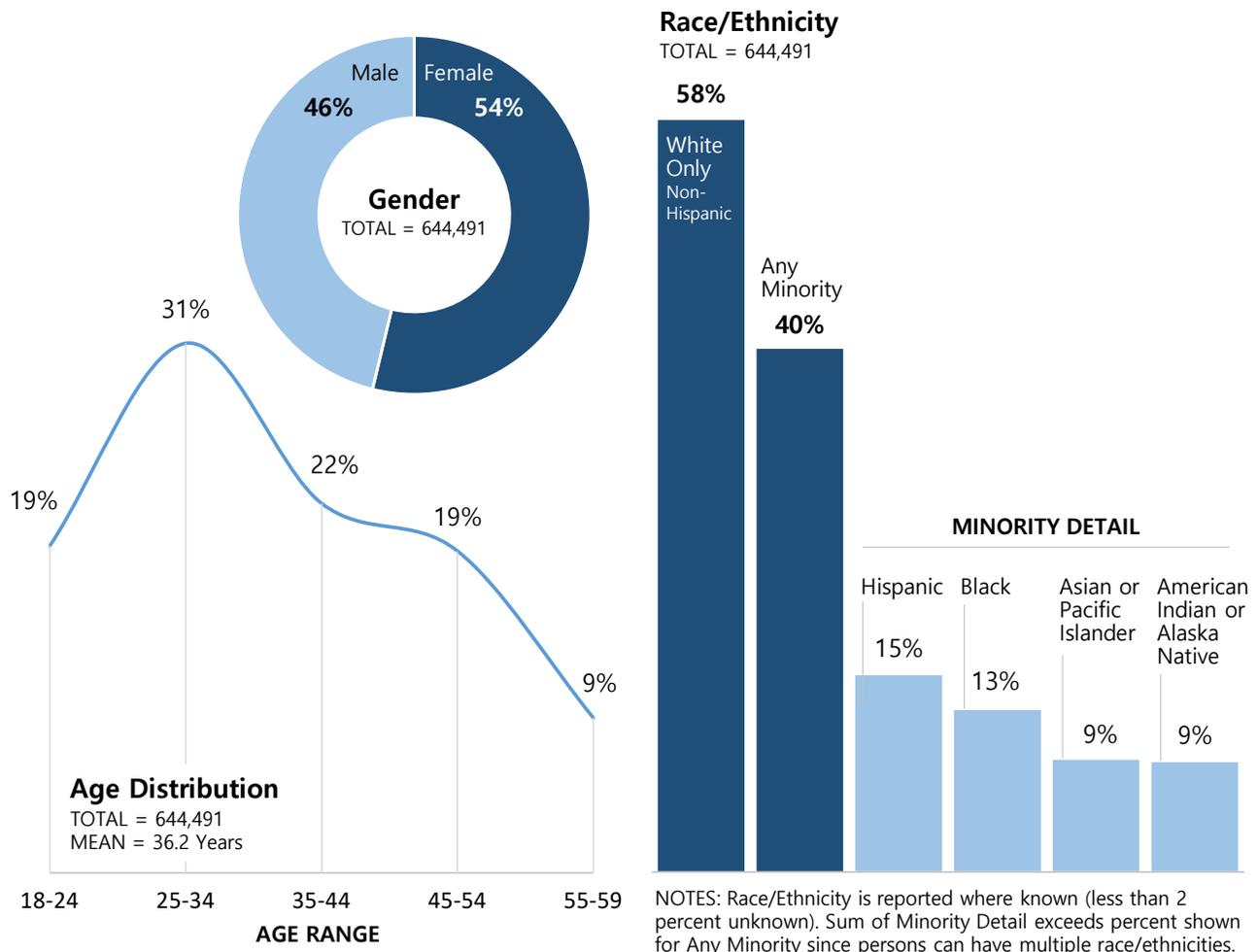
The profile of Basic Food households changes moderately if we exclude WASHCAP. The proportion of adult-only households drops from 68 percent for all Basic Food households (see Fig. 3) to 64 percent for non-WASHCAP Basic Food households (not shown). In parallel, the proportion of families with children increases from 29 percent to 32 percent of non-WASHCAP Basic Food households.

Focal Population: Working Age-Adults

Working-age adults may be most likely to move from Basic Food assistance to improved economic well-being through enhanced case management or coaching services. As such, the remainder of the report is focused on clients who: (1) were age 18 to 59 in their first month on Basic Food in SFY 2017; (2) received Basic Food support in at least one month of SFY 2017; (3) were successfully linked to the DSHS Integrated Database; and (4) were alive for the entirety of SFY 2017. This population includes 644,491 of the 1.3 million clients served in SFY 2017.

Among these working-age adults receiving Basic Food benefits, the average age was 36. There were slightly more female (54 percent) than male (46 percent) recipients. More than half were non-Hispanic white (58 percent) while 40 percent were from any minority background (2 percent had unknown race/ethnicity). The largest minority populations were Hispanic (15 percent) and Black (13 percent).

FIGURE 5.
Client Demographics
SFY 2017

Gender
TOTAL = 644,491

Male 46%
Female 54%

Age Distribution
TOTAL = 644,491
MEAN = 36.2 Years

18-24: 19%
25-34: 31%
35-44: 22%
45-54: 19%
55-59: 9%
AGE RANGE

Race/Ethnicity
TOTAL = 644,491

White Only Non-Hispanic: 58%
Any Minority: 40%

MINORITY DETAIL

Hispanic: 15%
Black: 13%
Asian or Pacific Islander: 9%
American Indian or Alaska Native: 9%

NOTES: Race/Ethnicity is reported where known (less than 2 percent unknown). Sum of Minority Detail exceeds percent shown for Any Minority since persons can have multiple race/ethnicities.

Basic Food Client Characteristics
Working-Age Adults Receiving Food Assistance in Washington State
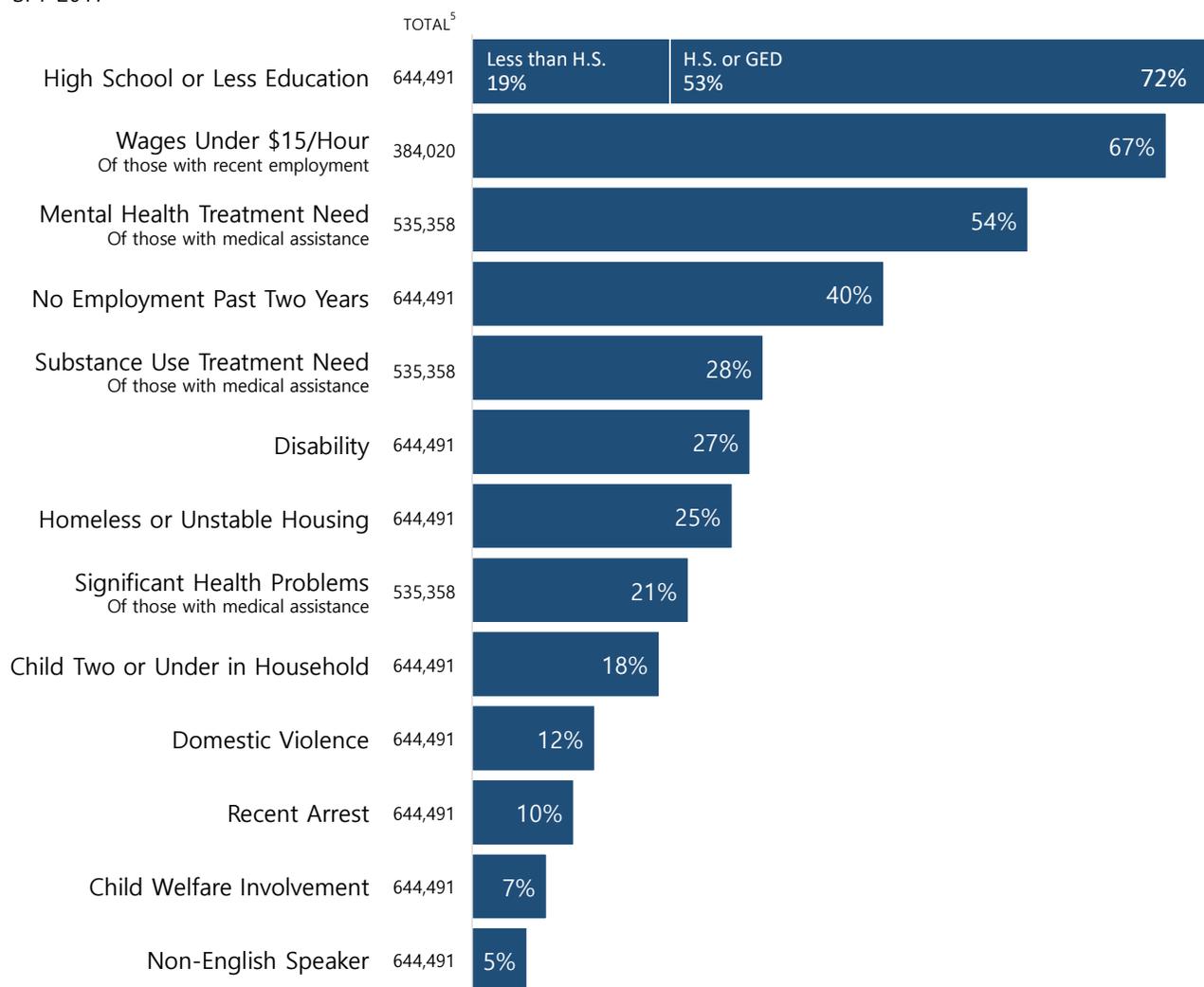
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Barriers to Economic Well-Being

Basic Food recipients age 18-59 face significant barriers to economic well-being. As a population, they tend to have low levels of education. About one-fifth (19 percent) report not finishing high school, and three-quarters in total (72 percent) report high school/GED or less education.[4] Basic Food clients have significant health issues, both physical and behavioral, and show multiple indications of stress and instability (e.g., homelessness, domestic violence). Persistent low wages may be among the biggest barriers to economic well-being—two-thirds of Basic Food recipients with recent employment (past two years) earn less than $15 per hour.[5]

FIGURE 6.

Barriers to Economic Well-Being among Basic Food Recipients Age 18-59
SFY 2017

	TOTAL[5]	
High School or Less Education	644,491	Less than H.S. 19% / H.S. or GED 53% — 72%
Wages Under $15/Hour *Of those with recent employment*	384,020	67%
Mental Health Treatment Need *Of those with medical assistance*	535,358	54%
No Employment Past Two Years	644,491	40%
Substance Use Treatment Need *Of those with medical assistance*	535,358	28%
Disability	644,491	27%
Homeless or Unstable Housing	644,491	25%
Significant Health Problems *Of those with medical assistance*	535,358	21%
Child Two or Under in Household	644,491	18%
Domestic Violence	644,491	12%
Recent Arrest	644,491	10%
Child Welfare Involvement	644,491	7%
Non-English Speaker	644,491	5%

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[4] While having less than a high school education is sometimes considered a barrier to employment (e.g., Danziger et al. 2000), having only a high school degree or equivalent also limits job options, particularly for jobs with wages that would lead to economic self-sufficiency (Washington Student Achievement Council et al. 2017).

[5] Wage and employment information from WA Employment Security Department (ESD) earnings records. Note that ESD earnings records do not include self-employment, federal employment, or out-of-state employment.

[6] Of the total working-age Basic Food clients in the focal population, statistics are restricted to clients for whom measures are available (e.g., behavioral health measures only available for clients with HCA medical assistance). Total numbers shown represent how many total individuals are included in this analysis, after any sample restrictions are applied. See technical notes for details.

Behavioral Health Needs

Behavioral health profiles are presented below for the majority of working-age Basic Food clients in SFY 2017 who received medical assistance through the Health Care Authority (83 percent).[7] As highlighted in Figure 7, behavioral health needs present a significant barrier to economic well-being for Basic Food clients. In SFY 2017, 54 percent of Basic Food clients age 18 to 59 with medical assistance had at least one indication of mental health treatment needs, including being diagnosed with a mental health disorder, or receiving mental health services or psychotropic medications. The most common diagnoses for this population were anxiety (32 percent) and depression (31 percent).
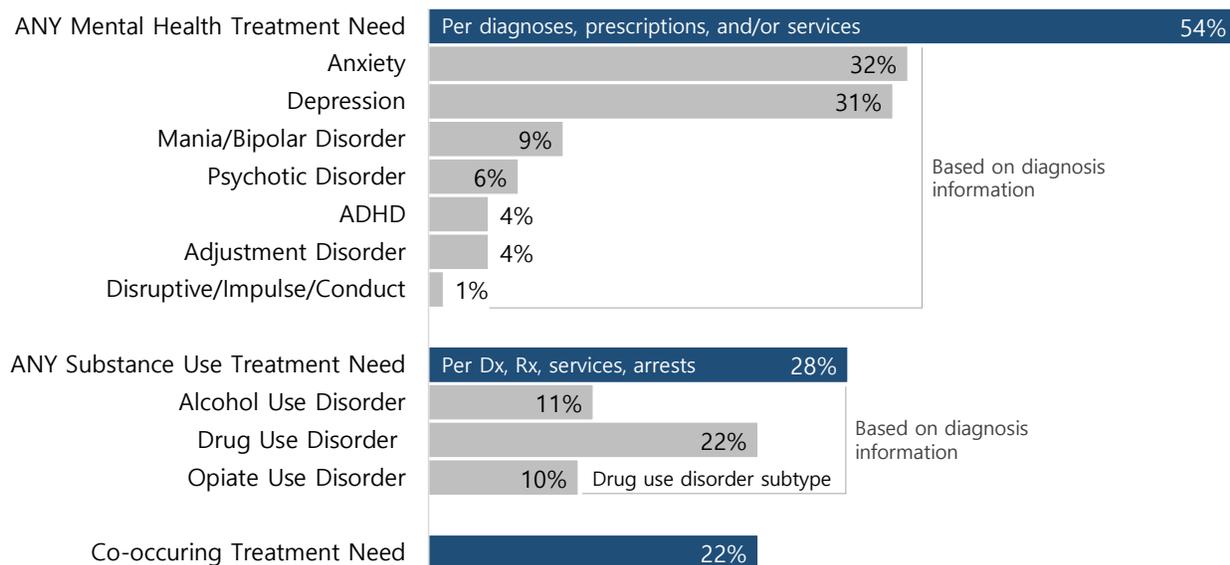
Close to one-third (28 percent) of Basic Food clients age 18 to 59 with medical assistance had at least one indication of substance use treatment needs, including being diagnosed with a substance use disorder (SUD); receiving SUD treatments, procedures, or medications; or being arrested for substance-related reasons (e.g., driving under the influence). Twenty-two percent of the population were diagnosed with a drug use disorder, 10 percent had an opiate use disorder specifically, and 11 percent were diagnosed with an alcohol use disorder.

Not all Basic Food clients with behavioral health needs appear to be accessing needed treatments. In SFY 2017, about half of those with mental health treatment needs received mental health treatment services (54 percent had treatment needs, 26 percent received treatment services). Similarly the percent receiving SUD treatment services (8 percent) trailed the percent with an SUD treatment need (28 percent). The behavioral health treatment penetration rates for working-age Basic Food clients are slightly higher than those for the broader Medicaid population, but slightly lower than those for the TANF population. This finding suggests that although treatment penetration rates are at least on par with the general Medicaid population, ESA may have additional opportunity to increase rates by expanding case management services to the Basic Food population.

FIGURE 7.
Behavioral Health Needs
Basic Food Clients Age 18-59 with Any Medical Assistance, SFY 2017, TOTAL = 535,538

ANY Mental Health Treatment Need	Per diagnoses, prescriptions, and/or services — 54%
Anxiety	32%
Depression	31%
Mania/Bipolar Disorder	9%
Psychotic Disorder	6%
ADHD	4%
Adjustment Disorder	4%
Disruptive/Impulse/Conduct	1%

Based on diagnosis information

ANY Substance Use Treatment Need	Per Dx, Rx, services, arrests — 28%
Alcohol Use Disorder	11%
Drug Use Disorder	22%
Opiate Use Disorder	10% (Drug use disorder subtype)

Based on diagnosis information

Co-occuring Treatment Need	22%

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[7] Statistics on health problems, behavioral health needs and services presented in this report likely underestimate true prevalence rates. Nine percent of Basic Food clients are dually enrolled with Medicare, and Medicare utilization data was not available for this analysis.

Conclusion

This report shows that working-age Basic Food recipients face significant barriers to economic well-being. To support program and policy development, and specifically to foster success in expanding case management or coaching services to this population, this report takes the first step of documenting the prevalence of specific barriers for the working-age service population. This information can guide and target efforts by the Economic Services Administration to expand existing resources and develop approaches for working with clients to overcome them.

Two major barriers identified in this work are non-employment and low wages. Given these, many clients will need assistance not only finding jobs in the short-term, but strategizing long-term career pathways that could lead to wage growth over time. This is particularly challenging in light of the limited educational attainment of working-age Basic Food clients – nearly three quarters have high school/GED or less education – along with other barriers.

Other significant barriers to economic well-being include health and behavioral health needs and housing instability. Basic Food clients with health and behavioral health needs not only need to be referred for and enrolled in medical assistance programs (indeed, most are already enrolling in Medicaid), but may also need help navigating the system to access needed services. In particular, they may need referrals to specific local medical and behavioral health providers accepting new patients who can address their needs in a timely manner. Referrals to housing assistance may also be needed for those at risk of homelessness.

Future research on the Basic Food program will help guide DSHS' case management efforts by predicting the factors that enhance a Basic Food household's readiness to exit, and likelihood of exiting "successfully." Successful exit will be based on having sufficient and sustained earned income after terminating Basic Food benefits, as well as not returning to the program in the months following exit. If it is known what a Basic Food household "looks like" when it is ready to make this transition successfully, then case management efforts can focus on addressing barriers to economic well-being and helping households move towards readiness for successful transition.

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TABLE 1.

Working-Age Basic Food Client Characteristics Compared with Other Service Populations
SFY 2017

	Basic Food All	Basic Food Excluding WASHCAP	WASHCAP Only	TANF	Medicaid
	AGE 18-59 SUBPOPULATIONS OF...				
Number	**644,491**	**589,831**	**54,660**	**40,315**	**1,026,711**
Demographics					
Age Average	36.2	35.5	44.1	30.8	35.3
18-24	19%	20%	8%	27%	22%
25-34	31%	32%	18%	43%	32%
35-44	22%	22%	16%	23%	20%
45-54	19%	18%	33%	7%	18%
55-59	9%	8%	25%	1%	8%
Gender					
Male	46%	46%	53%	23%	45%
Female	54%	54%	47%	77%	55%
Race/Ethnicity					
Non-Hispanic white	58%	57%	64%	51%	59%
Any minority	40%	41%	35%	46%	38%
Unknown	2%	2%	1%	3%	3%
Minority Group, Categories not mutually exclusive					
American Indian or Alaska Native	9%	8%	11%	9%	7%
Asian or Pacific Islander	9%	9%	7%	10%	10%
Black or African American	13%	12%	14%	17%	10%
Hispanic or Latino	15%	16%	8%	17%	16%
Economic and Medical Assistance					
Basic Food					
SFY 2017	100%	100%	100%	99%	50%
Ever in Lifetime	100%	100%	100%	>99%	76%
TANF					
SFY 2017	6%	7%	0%	100%	4%
Ever in Lifetime	43%	44%	25%	100%	33%
Other DSHS Economic Services, SFY 2017					
Aged, Blind, or Disabled Cash Assistance	4%	4%	4%	1%	2%
Housing and Essential Needs	2%	2%	<1%	<1%	1%
State Supplemental Payment (SSA)	<1%	<1%	1%	<1%	<1%
Federal Supplemental Security Income	12%	4%	100%	1%	9%
Working Connections Child Care	5%	6%	0%	22%	4%
Medical Assistance, SFY 2017					
Any HCA Medical Assistance	83%	82%	100%	92%	100%
Title XIX Full Benefit	80%	78%	100%	91%	100%
Disabled Medicaid	15%	7%	100%	2%	12%
Dual Medicare Enrollment	9%	8%	26%	<1%	5%

Table continued next page

	AGE 18-59 SUBPOPULATIONS OF...				
	Basic Food All	Basic Food Excluding WASHCAP	WASHCAP Only	TANF	Medicaid

From previous page

Non-Health Barriers to Economic Well-Being

	Basic Food All	Basic Food Excluding WASHCAP	WASHCAP Only	TANF	Medicaid
High School or Less Education	72%	71%	83%	71%	*Not avail.*
Less than High School	19%	18%	28%	22%	*Not avail.*
High School/GED	53%	53%	55%	49%	*Not avail.*
Wages Under $15/Hour, *of those with recent employment*	67%	67%	84%	76%	60%
No Employment Past Two Years	40%	36%	88%	33%	37%
Disability	27%	20%	100%	6%	18%
Homeless or Unstable Housing	25%	26%	21%	42%	13%
Child Two or Under in Household	18%	19%	<1%	50%	*Not avail.*
Domestic Violence	12%	12%	9%	28%	8%
Recent Arrest	10%	10%	9%	10%	7%
Child Welfare Involvement	7%	8%	3%	21%	5%
Non-English Speaker	5%	6%	3%	9%	5%

Physical and Behavioral Health Profile, Of those with any HCA medical assistance in SFY 2017
Prevalence may be underestimated for recipients dually enrolled in Medicare.

Medical Utilization Indicators, SFY 2017

	Basic Food All	Basic Food Excluding WASHCAP	WASHCAP Only	TANF	Medicaid
Significant Health Problems	21%	18%	41%	21%	15%
Two+ Emergency Department Visits	19%	18%	21%	29%	13%
At Least One Inpatient Hospitalization	9%	9%	10%	20%	7%

Behavioral Health Treatment Needs, SFY 2016-SFY 2017

	Basic Food All	Basic Food Excluding WASHCAP	WASHCAP Only	TANF	Medicaid
Mental Health Tx Need (MH)	54%	52%	75%	58%	43%
Substance Use Disorder Tx Need (SUD)	28%	27%	38%	30%	20%
Co-Occurring MH & SUD Tx Need	22%	21%	34%	25%	15%

Mental Illness Diagnoses, SFY 2016-2017

	Basic Food All	Basic Food Excluding WASHCAP	WASHCAP Only	TANF	Medicaid
Psychotic disorder	6%	5%	19%	4%	4%
Mania/bipolar disorder	9%	7%	20%	8%	5%
Depression	31%	29%	46%	35%	23%
Anxiety	32%	31%	47%	38%	24%
ADHD	4%	4%	6%	5%	4%
Disruptive/impulse/conduct	1%	<1%	3%	<1%	<1%
Adjustment disorder	4%	4%	4%	5%	3%

Substance Use Diagnoses, SFY 2016-2017

	Basic Food All	Basic Food Excluding WASHCAP	WASHCAP Only	TANF	Medicaid
Alcohol use disorder	11%	11%	16%	10%	8%
Drug use disorder	22%	21%	31%	26%	15%
Opiate Use disorder	10%	9%	13%	11%	6%
Psychotropic Medications, SFY 2016-2017	38%	36%	53%	44%	31%

Behavioral Health Services, 2017

	Basic Food All	Basic Food Excluding WASHCAP	WASHCAP Only	TANF	Medicaid
Mental health outpatient treatment	26%	25%	41%	33%	20%
Mental health inpatient treatment	1%	1%	4%	<1%	<1%
Substance use disorder (SUD) treatment	8%	8%	8%	11%	5%
SUD outpatient services	6%	6%	6%	9%	4%
SUD inpatient services	2%	2%	2%	2%	<1%

FOCAL POPULATION

The focal population for this descriptive report was comprised of working-age adults age 18 to 59 receiving Basic Food assistance at any point in State Fiscal Year 2017 (SFY 2017: July 2016 – June 2017). Adults age 60-64 were excluded because this age group qualifies as "elderly" under federal SNAP eligibility rules.

More specifically, the focal population includes clients age 18 to 59 in their first month on Basic Food in SFY 2017, who received benefits in at least one month of SFY 2017, who were successfully linked to the DSHS Integrated Database, and who were alive for the entirety of SFY 2017. The total number of working-age adults with Basic Food in SFY 2017 meeting these criteria was 644,491.

MEASURES OF CLIENT CHARACTERISTICS

Demographics: Demographics including age, gender, and race/ethnicity were identified using DSHS Integrated Client Databases (ICDB; Mancuso 2014). Age was measured in the first month of Basic Food receipt in SFY 2017.

Economic and Medical Assistance: Economic and medical assistance status was identified using DSHS ICDB.

Non-Health Barriers to Economic Well-Being:

- **Wages Under $15/Hour** – Among clients ever employed in SFY 2016 or SFY 2017 (60 percent), percent who earned less than $15 per hour in most recent quarter of employment. Based on wage data from WA Employment Security Department (ESD).
- **No Employment Past Two Years** – Client was ever employed in SFY 2016 or SFY 2017. Note that this may slightly underestimate recent employment, as ESD wage data excludes self-employment and federal employment.
- **Homeless or Unstable Housing** – Client ever homeless (e.g. in a shelter or on the street) or lacked stable housing (e.g. couch surfing) at any point in SFY 2017. Based on data from DSHS ESA's Automated Client Eligibility System (ACES).
- **High School or Less Education –** Client has less than high school education (lacks high school degree or equivalent), or completed 12th grade/earned high-school degree/GED. Based on ACES data from DSHS ESA.
- **Child Two or Under in Household** – At least one child age 2 or younger lives in client's household (AU) in first month of Basic Food receipt in SFY 2017. Based on ACES data from DSHS ESA.
- **Disability** – Enrolled in disability-related Medicaid coverage in at least one month of SFY 2017, OR non-elderly and receiving SSI/WASHCAP in at least one month of SFY 2017, OR having any disability identified in ESA's ACES data system. Based on DSHS ICDB.
- **Domestic Violence** – Over a five-year period (SFY 2013-2017), client has a domestic violence-related criminal charge or conviction in data from the Administrative Office of the Courts, or a flag for domestic violence involvement in DCYF's FamLink data system or DSHS ESA's ACES data system. Based on DSHS ICDB. May reflect either perpetrator or victim status.
- **Recent Arrest –** At least one arrest in SFY 2017. Based on Washington State Patrol arrest records.
- **Child Welfare Involvement** – Any involvement with child welfare services from DCYF/Children's Administration in SFY 2017. Based on DSHS ICDB.
- **Non-English Speaker** – Client is non-English speaker. Based on ACES data from DSHS ESA.

Physical and Behavioral Health Profile: Presented for clients with at least some HCA medical assistance in SFY 2017, including 83 percent of all Basic Food clients. Prevalence of health problems, behavioral health needs, and other indicators may be underestimated for those dually enrolled in Medicare. Medical utilization indicators and behavioral health services measured in SFY 2017. Behavioral health treatment needs, diagnoses and psychotropic medications measured in SFY 2016-SFY 2017. Selected indicators detailed below:

- **Significant Health Problems** – At or above the average level of the health risk in the Disabled Medicaid population based on recent medical utilization.
- **Mental Health (MH) Treatment Need** – At least one mental health diagnosis (Dx), prescription (Rx), or service recorded in administrative data in SFY 2016 or SFY 2017.
- **Substance Use (SUD) Treatment Need –** At least one substance-related diagnosis (Dx), prescription (Rx), procedure, treatment, or arrest in SFY 2016 or SFY 2017.
- **Co-Occurring MH & SUD Tx Need** – Both mental health and substance use disorder treatment needs identified over same two-year period (SFY 2016 – SFY 2017).

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