Report:

1986 STUDY OF CHARACTERISTICS OF GENERAL ASSISTANCE-UNEMPLOYABLE RECIPIENTS

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SERVICES

Office of
Planning, Evaluation
and Professional Development

1986 STUDY OF CHARACTERISTICS OF GENERAL ASSISTANCE-UNEMPLOYABLE RECIPIENTS

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TABLE OF CONTENTS

Page

EXECUTIVE SUMMARY.....ix

CHAPTER 1: INTRODUCTION.....1

Report Objectives.....1

Key Features of the GA-U Program.....2

Data Sources.....4

Characteristics of Each Data Source.....5

Characteristics of Matched Warrant Roll-SSPS Files....5

CHAPTER 2: CHARACTERISTICS OF GA-U RECIPIENTS.....7

Incapacities.....7

Geographic Location.....9

Age, Sex, and Ethnic Background.....9

Arrival in Washington State.....12

Living and Financial Arrangements.....13

Length of GA-U Receipt.....13

Treatment Referrals.....14

Referrals to SSI and Support Programs.....17

CHAPTER 3: GROWTH OF GA-U CASELOADS.....19

Caseload Growth over Time.....20

Caseload Growth by DSHS Region.....21

Increases in Openings as a Source of Growth.....23

Length of GA-U Receipt as a Source of Growth.....23

Changes in Incapacities as a Source of Growth.....25

In-Migration as a Source of Growth.....27

LIST OF ILLUSTRATIONS

Page

CHAPTER 1:

Figure 1.1 GA-U Eligibility Determination Process....3

Table 1.1 GA-U Caseload Counts, by Data Source.....4

CHAPTER 2:

Figure 2.1 Distribution of the Primary Incapacities of July 1986 GA-U Recipients.....8

Table 2.1 Distribution of the Incapacities of July 1986 GA-U Recipients.....8

Table 2.2 Distribution of July 1986 GA-U Recipients, by DSHS Region.....10

Table 2.3 Distribution of the Incapacities of July 1986 GA-U Recipients, by DSHS Region.....10

Table 2.4 Age, Sex, and Ethnic Background of July 1986 GA-U Recipients.....11

Table 2.5 Length of GA-U Receipt Since Last Opening, as of July 1, 1986.....15

Table 2.6 Length of GA-U Receipt Since Last Opening by Incapacity, as of July 1, 1986.....15

Table 2.7 July 1986 GA-U Recipients with Treatment Referrals, by Type of Treatment.....16

CHAPTER 3:

Figure 3.1 Monthly GA-U Caseloads - July 1975 to July 1987.....21

Table 3.1 Percentage Change in Average GA-U Caseloads by Fiscal Year and DSHS Region.....22

LIST OF ILLUSTRATIONS (Continued)

Page

Table 3.2 New Openings as a Percent of All GA-U Openings in Fiscal Year 1986, by DSHS Region.....24

Table 3.3 Length of GA-U Receipt Since Last Opening, in July 1985 and July 1986.....24

Table 3.4 Distribution of GA-U Recipients by Incapacity, in July 1985 and July 1986...26

Table 3.5 Percent of GA-U Recipients who Received Benefits Within Three Months of Arrival in Washington State, by DSHS Region in July 1985 and July 1986.....28

EXECUTIVE SUMMARY

The General Assistance-Unemployable Characteristics Study provides descriptions of recipient characteristics and analyzes patterns of caseload growth.

Recipient characteristics in July 1986 were obtained by merging computerized Warrant Roll and Social Service Payment System records. Major findings include:

- Forty-three percent of GA-U recipients had physical incapacities; 35 percent had mental illness incapacities; 30 percent had alcohol or drug abuse incapacities; 4 percent had mental retardation incapacities. Frequencies sum to more than 100 percent because some recipients had more than one incapacity.

- Two-thirds of all GA-U recipients served by the Belltown Community Services Office in downtown Seattle had substance abuse incapacities, versus 30 percent statewide. Belltown GA-U recipients were more likely to be recent in-migrants than GA-U recipients elsewhere in the state. Belltown's GA-U recipients made up only 12 percent of the state's GA-U population.

- Twenty-two percent of GA-U recipients have used assistance for over one year in their current episode. This figure understates overall length of use because many recipients had more than one episode. Long-term recipients typically had mental illness, mental retardation, or physical incapacities. They included people who formerly would have been maintained in state institutions.

- Only 45 percent of long-term GA-U recipients were being referred to the federal Supplemental Security Income (SSI) program, which provides aid for people with disabilities expected to last one year or longer. Low rates of referral may reflect the fact that some long-term GA-U recipients do not meet SSI definitions of incapacity. SSI referrals may also be under-reported in SSPS records.

Caseload growth was analyzed by using Average Grant statistics for past fiscal years and by comparing merged Warrant Roll-Social Service Payment System files for July 1985 and July 1986. Major findings include:

- GA-U caseloads have been increasing by more than 10 percent annually since fiscal year 1983.

- Although press reports on GA-U caseloads have focussed on downtown Seattle, GA-U caseloads are growing statewide. In percentage terms, caseload growth in King County and downtown Seattle was lower than in any other region of the state in fiscal year 1986. Strategies to address caseload growth must address the GA-U system statewide.

- Growth occurred primarily through increases in the number of GA-U cases being opened. GA-U openings increased by 10 percent in Fiscal Year 1986. Two-thirds of these openings were for people with no welfare history in Washington State within the prior three years.

- Length of GA-U episodes remained unchanged between July 1985 and July 1986. Increased length of assistance does not appear to be a factor in recent caseload growth.

- Approval rates for GA-U applications remained unchanged between fiscal years 1983 and 1986. Increased approval rates do not appear to be a factor in caseload growth.

- Fifty-nine percent of the caseload growth between July 1985 and July 1986 was associated with cases for which substance abuse was the only type of incapacity reported. Eighty percent of the growth involved cases with substance abuse as a primary or secondary incapacity.

- Thirty-six percent of the caseload growth between July 1985 and July 1986 was associated with increased numbers of in-migrants to Washington State who were approved for grants within three months of arrival. Three quarters of the additional in-migrants had substance abuse incapacities and almost 50 percent were served by the Belltown CSO in downtown Seattle.

CHAPTER 1: INTRODUCTION

The caseload of the General Assistance-Unemployable (GA-U) program has almost doubled since 1981, increasing by almost 20 percent between July 1985 and June 1986 alone. Attempts to understand this growth have been hampered by a lack of descriptive information about the caseload. This report examines GA-U caseloads in July 1985 and July 1986 to describe basic demographic characteristics, treatment referrals, referrals to other support programs, and caseload growth.

General Assistance programs were established by state and local governments more than 50 years ago to provide temporary cash assistance for low-income people. Washington has two General Assistance programs, the GA-U program and General Assistance to Pregnant Women. The GA-U program provides financial assistance and medical treatment to people with medically verifiable incapacities for at least 60 days which prevent them from holding gainful employment.

Report Objectives

This is the first of several reports on the GA-U program. The objectives of this report are:

1) To describe key features of Washington State's GA-U program;

2) To describe the characteristics of current GA-U recipients including incapacity, geographic location, age, sex, length of residence, and living arrangements;

3) To describe duration of GA-U assistance, treatment referrals, and referrals to the federal Supplemental Security Income (SSI) program and other support programs;

4) To describe patterns of GA-U caseload growth.

Subsequent reports will track cohorts of clients over time to identify patterns of GA-U use; compare GA-U cases opened in 1986 with those opened in 1983, 1984, and 1985; and compare Washington's GA-U program to programs for incapacitated indigents in other states.

Key Features of the GA-U Program

The GA-U program provides cash grants and medical services to adults age 18 to 65 who are unemployable due to a mental, emotional, or physical incapacity. In order to become a GA-U recipient, incapacitated people must qualify both financially and medically. Figure 1.1 shows the steps in the approval process. Financial eligibility is based on income and resource tests. Medical eligibility is determined using the Progressive Evaluation Process (PEP).

The PEP process is a tool for determining if an incapacity qualifies an applicant for GA-U. Current physician evaluations are obtained and used in a seven step process to determine the existence, severity, functional limitations, and duration of an incapacity. Eligibility depends on whether an incapacity will prevent gainful employment for at least two months.

Medical eligibility may be approved for periods ranging from two months to one year, depending on the expected length of the incapacity. Financial eligibility is reviewed every six months or when change is reported in the client's financial status.

Once approved, recipients are referred for treatment and to other programs. Treatment may include medical services, mental health services through community mental health centers, participation in alcohol and drug rehabilitation programs, and physical therapy.

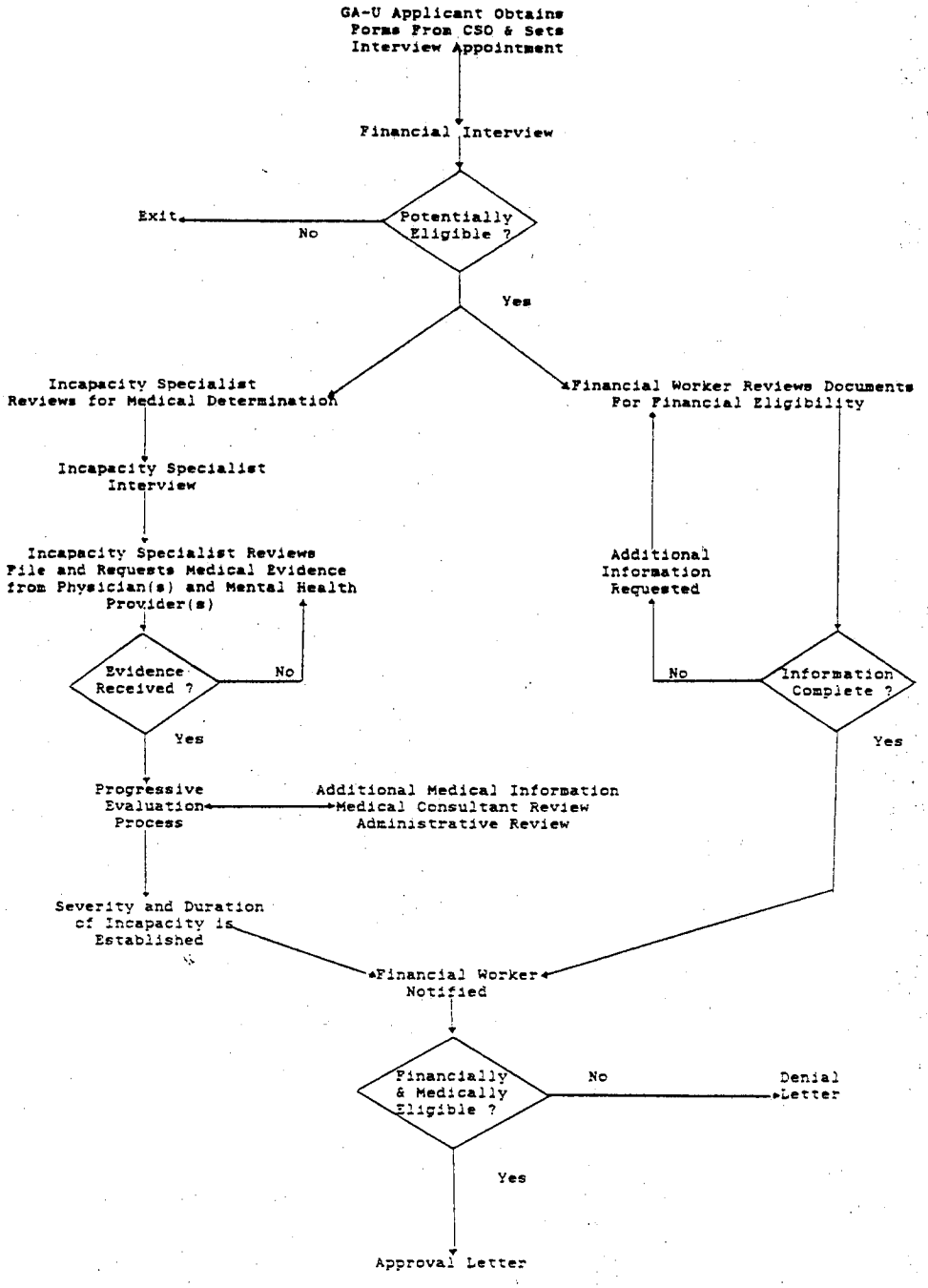
Recipients may be referred to income assistance programs administered by the federal Social Security Administration (including SSI and Social Security Disability Insurance), and to the support and treatment programs of the Veterans Administration, the Division of Vocational Rehabilitation, and the Division of Developmental Disabilities.

Recipients can be required to participate in treatment and other programs to which they are referred as a condition of receiving their GA-U grant. Participation is monitored by Community Services Office (CSO) staff. Those who do not cooperate with a required treatment or program without good cause may be sanctioned. The sanction for the first refusal is loss of one week's grant; second refusal: one month's grant; third and subsequent refusals: two month's grants.

When the first period of medical eligibility ends, clients may have their grants continued through a redetermination process. The redetermination process is similar to the initial application process, with one exception.

FIGURE 1.1

GA-U ELIGIBILITY DETERMINATION PROCESS



For redetermination, a rule known as the "termination proviso" requires that a clear showing of material improvement in medical or mental condition must be made before termination can take place. This proviso is added as the first step of the PEP process.

If no improvement is apparent from physician statements, the GA-U grant is reauthorized without application of any other PEP criteria. If there is significant improvement, the PEP process continues through the seven steps used in initial determinations until a decision is made. Improvement must be sufficient to make the recipient capable of gainful employment.

Data Sources

DSHS produces three kinds of counts of GA-U cases: Average Grant reports, Warrant Roll reports, and Social Service Payment System (SSPS) reports. Caseload counts based on these three data sources are never identical because they count clients in different ways and for different reasons.

Most GA-U counts used in this report are of recipients who had both Warrant Roll and SSPS information. The remainder are based on Average Grant data. Table 1.1 shows the size of the July 1985 and July 1986 GA-U caseloads according to each data source, and the number of cases for which both Warrant Roll and SSPS data could be found.

TABLE 1.1

GA-U CASELOAD COUNTS, BY DATA SOURCE

DATA SOURCE	July 1985	July 1986
Average Grant	13,657	15,892
Social Service Payment System (June)	14,487	16,768
Warrant Roll	12,477	14,632
Merged Warrant Roll and SSPS Files	10,762	12,097

Characteristics of Each Data Source

Average Grant reports, such as those in DSHS Income Assistance, Community Social Services and Medical Assistance reports (Blue Books), provide the most comprehensive counts of assistance users.

The Warrant Roll is the computerized list of clients whose checks are mailed from Olympia for receipt by the first of each month. Warrant Roll files are closed at the 25th of the previous month to allow time for mailing. The files contain some demographic information plus information on the length of the current episode of assistance.

Average Grant reports count the number of people who actually receive assistance during a calendar month, including those who received checks through the Warrant Roll and those whose grants were approved after the Warrant Roll cut-off date. Average grant counts are always higher than Warrant Roll counts. However, Average Grant reports provide no demographic information on assistance populations.

SSPS records count the number of persons for which GA-U diagnostic services and caseworker services are authorized. SSPS records include data on the primary and secondary incapacities, living arrangements, treatment referrals and program referrals. SSPS counts are not tied directly to cash grants. As a result, they include people who have left the GA-U program.

Characteristics of Matched Warrant Roll-SSPS Files

Warrant Roll files for July 1985 and July 1986 were matched with SSPS files for June 1985 and June 1986 to produce data for this study. The assumption was that anyone mailed a check in a Warrant Roll mailing should have had SSPS activity during the month the mailing list was generated. SSPS records were located for 83 percent of those on the July 1986 Warrant Roll and 86 percent of those in the July 1985 Warrant Roll.

Matched Warrant Roll-SSPS files undercount the GA-U caseload for two reasons. First, Warrant Roll counts are always lower than Average Grant or SSPS counts because of the way they are generated. Second, SSPS records cannot be located for all Warrant Roll cases. Subgroups with below average match rates are under-represented in

matched Warrant Roll-SSPS files. 1/

Match rates of 83 to 86 percent are high enough and file sizes large enough to produce reliable descriptions of client characteristics and service referrals recorded. To insure against the possibility that the matching process could bias results, key findings based on merged files were compared with findings from full Warrant Roll or SSPS files for confirmation.

1/ SSPS matches were less likely for recipients under the age of 21, those who had received assistance for two months or less, recipients with grants under $50, those with mental retardation or drug abuse incapacities, and Native Americans. Match rates for these groups ranged from 72 to 79 percent in the July 1986 file compared to an average of 83 percent for all cases. Match rates also varied by CSO.

CHAPTER 2: CHARACTERISTICS OF GA-U RECIPIENTS

This chapter describes the characteristics, length of Washington residence, length of use, treatment referrals, and other program referrals of GA-U recipients. Data are drawn from the merged Warrant Roll-SSPS file for July 1986. The chapter has two key findings:

1) Most descriptions assume that the GA-U program serves two types of clients: 1) those with short-term incapacities who will recover and return to the labor market and 2) those with long-term incapacities who will receive interim GA-U assistance while waiting to qualify for SSI. It appears that a third category of recipient also exists: 3) those with long-term incapacities who do not qualify for SSI, but who are unlikely to recover and leave the GA-U rolls.

2) The characteristics of GA-U recipients in downtown Seattle (served by the Belltown CSO) are substantially different from those of recipients served elsewhere in King County and the rest of the state. Public perceptions that downtown Seattle's GA-U recipients are largely alcoholics and recently arrived from out of state appear to be true.

Incapacities

Seventeen different types of incapacity can be identified on SSPS forms. The forms provide space to indicate one primary and one secondary incapacity. In this report, the detailed types have been grouped into four categories: physical incapacities, mental illness, substance abuse, and mental retardation. Figure 2.1 shows the relative frequencies of the primary incapacities grouped into each of the four categories.

GA-U recipients often have more than one incapacity. Eleven percent of the June 1986 caseload had primary and secondary incapacities falling into two of the four categories. Use of primary incapacity data undercounts the number of recipients with a specific type of problem. Except where noted, incapacity figures in this report treat recipients as having an incapacity when it is listed as the primary <u>or</u> secondary incapacity on SSPS forms.

FIGURE 2.1

DISTRIBUTION OF THE PRIMARY INCAPACITIES
OF JULY 1986 GA-U RECIPIENTS

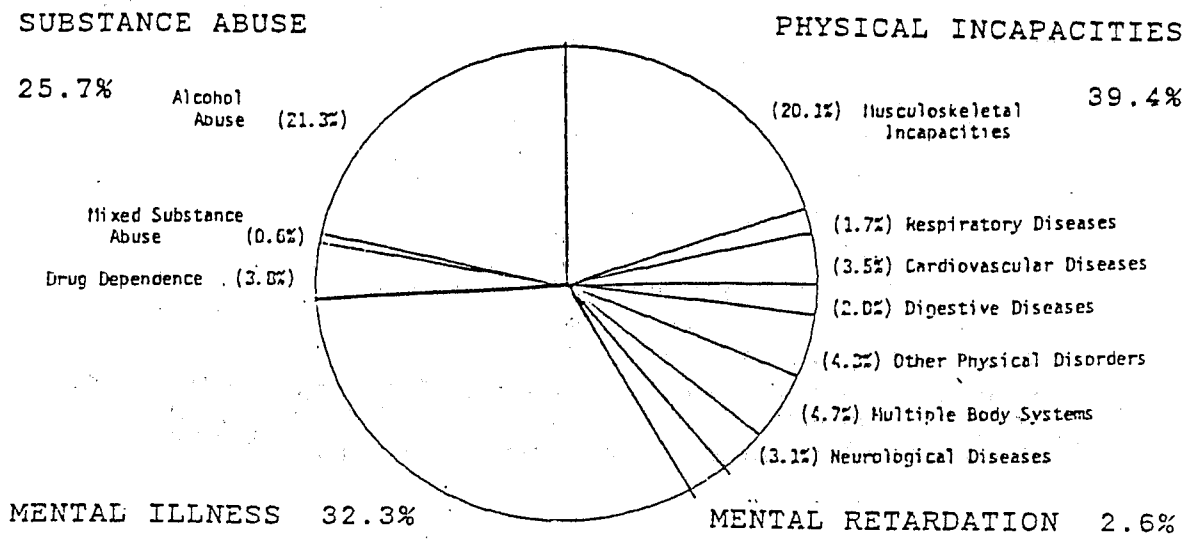


TABLE 2.1

DISTRIBUTION OF THE INCAPACITIES OF JULY 1986
GA-U RECIPIENTS

INCAPACITY	Number With Primary Incapacity	Number With Primary or Secondary Incapacity	Percent With Primary or Secondary Incapacity
Physical	4,626	5,014	42.7%
Mental Illness	3,796	4,132	35.1%
Substance Abuse	3,030	3,547	30.2%
Mental Retardation	304	417	3.5%

SOURCE: July 1986 Warrant Roll files merged with June 1986 Social Service Payment System files.

NOTES: Percents sum to more than 100.0 percent because some individuals have more than one type of incapacity.

Data on primary and secondary incapacities are missing for 341 cases out of 12,097 in the merged file.

Table 2.1 shows the relationship between "primary incapacity" and "primary or secondary" incapacity counts. The frequencies displayed in Table 2.1 add up to more than 100 percent, but provide a more accurate picture of the frequency of each type of incapacity.

Geographic Location

Twelve percent of all GA-U recipients were served by the Belltown CSO in downtown Seattle. Thirty-one percent lived in the balance of Seattle and King County. Table 2.2 displays the geographic locations of the July 1986 GA-U caseload.

The distribution of incapacities varied widely by DSHS region. Regions 1 and 2 (Eastern Washington) and Region 6 (Southwest Washington) recorded high percentages of their caseloads as having physical incapacities, and had low percentages with substance abuse incapacities.

Belltown recipients were the most atypical in terms of incapacity. Over two-thirds of Belltown recipients had substance abuse incapacities, and only 11 percent had physical incapacities recorded in Warrant Roll-SSPS files. Table 2.3 displays the distribution of cases among the four incapacity groups within each DSHS region. Separate figures are provided for Belltown in this and subsequent regional breakdowns to illustrate how Belltown GA-U recipients differ from the statewide norms.

Age, Sex, and Ethnic Background

Most GA-U clients were white, male, and under 40 years of age, as shown in Table 2.4. Several regional variations not shown in the table are worth noting. DSHS Regions 1 and 2 (Eastern Washington) had more GA-U recipients over 50 years of age than average, and had almost as many women as men on their caseloads. At the other extreme, 85 percent of the recipients in the Belltown CSO were men.

The ethnic backgrounds of GA-U recipients also varied by region. Region 2 (including Yakima and the Tri-Cities) had more Hispanic recipients than average. Region 4 (King County) had the greatest concentrations of Blacks and Native Americans. Region 5 (Pierce and Kitsap Counties) had the highest concentration of Asians.

TABLE 2.2

DISTRIBUTION OF JULY 1986 GA-U RECIPIENTS, BY DSHS REGION

DSHS REGION	Number	Percent
Region 1 (Spokane)	1,614	13.4%
Region 2 (Yakima)	691	5.7%
Region 3 (Everett)	1,503	12.4%
Region 4 (Seattle)	5,156	42.6%
Belltown CSO	(1,431)	(11.8%)
Balance of Region 4	(3,725)	(30.8%)
Region 5 (Tacoma)	1,534	12.7%
Region 6 (Vancouver)	1,599	13.2%
STATEWIDE TOTAL	12,097	100.0%

SOURCE: See Table 2.1

NOTES: Principal cities in each region are shown in parentheses. The Belltown CSO serves downtown Seattle, including Pioneer Square.

TABLE 2.3

DISTRIBUTION OF THE INCAPACITIES OF JULY 1986 GA-U RECIPIENTS BY DSHS REGION

DSHS REGION	Physical	Mental Illness	Substance Abuse	Mental Retardation
Region 1 (Spokane)	61.5%	38.7%	14.4%	5.3%
Region 2 (Yakima)	71.0%	25.7%	7.0%	3.0%
Region 3 (Everett)	46.2%	35.1%	27.4%	4.1%
Region 4 (Seattle)	24.6%	35.0%	46.0%	2.0%
Belltown CSO	(11.1%)	(27.5%)	(68.4%)	(2.4%)
Balance of Region 4	(29.9%)	(37.9%)	(37.4%)	(1.9%)
Region 5 (Tacoma)	52.1%	35.4%	23.5%	3.5%
Region 6 (Vancouver)	58.1%	35.8%	13.1%	6.6%
STATEWIDE	42.7%	35.1%	30.2%	3.5%

SOURCE: See Table 2.1.

NOTES: Percentages are based on primary and secondary incapacities. They sum to more than 100.0 percent within each region because some individuals have more than one type of incapacity.

Data on primary and secondary incapacities are missing for 341 cases out of the 12,097 in the merged file.

TABLE 2.4

AGE, SEX, AND ETHNIC BACKGROUNDS OF JULY 1986
GA-U RECIPIENTS,

CHARACTERISTICS	Number	Percent
Age:		
18 to 20	474	3.9%
21 to 29	2,982	24.7%
30 to 39	3,475	28.7%
40 to 49	2,594	21.5%
50 to 59	2,067	17.1%
60 and over	497	4.1%
Total	12,089	100.0%
Sex:		
Male	7,439	61.5%
Female	4,658	38.5%
Total	12,097	100.0%
Ethnic Background:		
White	9,538	79.2%
Black	1,334	11.1%
Native American	439	3.6%
Hispanic	356	3.0%
Indo-Chinese	239	2.0%
Other Asian	133	1.1%
Total	12,039	100.0%

SOURCE: See Table 2.1

NOTES: Information on age is missing for eight recipients. Information on ethnic background is missing for 58 recipients.

Arrival in Washington State

Two-thirds of all enrollees whose dates of arrival in Washington State were known entered the state prior to 1980. Almost 77 percent had been in Washington State three or more years before their most recent GA-U episode began. 1/

To set these arrival figures into perspective, it is useful to compare them with migration figures for adults in the general population. Current Population Survey (CPS) data for March 1985 (the latest available) indicated that 14.4 percent of all Washington residents interviewed had lived outside of Washington State five years earlier. The Current Population Survey interviews non-institutionalized adults, age 15 and older.

In contrast, 24.1 percent of all GA-U recipients on the July 1985 Warrant Roll-SSPS file arrived in Washington within the previous five years. This includes 53.6 percent of all Belltown GA-U recipients and 20.1 percent of GA-U recipients elsewhere in the state.

Some recipients could have lived in Washington five years ago, left the state, and returned recently. These people would be counted as long term residents in CPS data and as new arrivals in Warrant Roll-SSPS files. As a result, Warrant Roll-SSPS figures should be somewhat higher than CPS figures. Even so, Belltown GA-U recipients appeared much more likely to be in-migrants than the average Washington resident. The situation is less clear for GA-U recipients elsewhere in the state. 2/

1/ Arrival dates were missing for 2,784 cases, 23 percent of all sample members. It is possible that the arrival dates of those with missing data differ from those of people whose dates were recorded. Even so, over one-half of all sample members had arrived in Washington prior to 1980 if cases with missing values are included in the calculations.

2/ Missing arrival dates could also affect comparisons. If cases with missing arrival dates are included in the calculations, the percent of GA-U recipients who were in-migrants within the past five years is 19.3 percent statewide, 42.1 percent for Belltown, and 16.2 percent for the rest of the state. In-migration rates would be this low only if all cases with missing arrival dates had been in Washington more than five years.

The proportion of in-migrants among GA-U recipients statewide increased to 27.4 percent in the July 1986 Warrant Roll-SSPS file. Chapter 3 provides additional data on in-migration as a source of growth in the GA-U caseload.

Living and Financial Arrangements

Ninety percent of GA-U recipients rented or owned their housing. Most, 68 percent, rented a room or apartment; seventeen percent rented houses. The majority paid $150 per month or less for housing. Four percent of the GA-U population lived in congregate care facilities, which provided substance abuse or mental health treatment.

The remaining six percent of GA-U recipients did not pay for housing. They either shared lodgings at no cost, lived in shelters, or were homeless. The Belltown CSO had the largest population of GA-U recipients that paid no shelter costs. Some 17 percent of Belltown's GA-U recipients fell into this category.

Two-thirds of all GA-U recipients lived alone. Eleven percent lived with immediate family members; 5 percent with other relatives; and 7 percent with non-relatives. The remainder were either in congregate care facilities or had unknown living arrangements.

Most GA-U recipients (99 percent) handled their own finances without a protective payee. Most received a GA-U check of $314 per month, the amount provided by DSHS to single people who pay housing costs and have no income. Those without shelter costs received $186 per month. Those in congregate care facilities received $36.62 per month for clothing and personal incidentals. Most GA-U recipients also received food stamps. Health care benefits were also provided.

Length of GA-U Receipt

Warrant Roll-SSPS files contain only those clients who are currently receiving benefits. The only measure of length of GA-U receipt available on those files is the number of months a client has received benefits since his or her most recent grant opening. This means that length of service is measured for the current assistance episode only, and that most recipients will use GA-U longer before they leave assistance. Future reports will use longitudinal data to look at both past and current episodes when calculating length of GA-U receipt.

As of July 1, 1986, more than half (56 percent) of GA-U recipients had received GA-U benefits for less than six months. Average episode length to that date was 8.3 months. (See Table 2.5.)

Length of GA-U use varied substantially by incapacity. Almost one-third of those with mental illness and mental retardation incapacities had received GA-U continuously for 12 months or more in July 1986, as opposed to only 13 percent of those with substance abuse incapacities. Table 2.6 shows length of the current GA-U episode for recipients with each type of incapacity.

Treatment Referrals

SSPS data provide information on treatment referrals, but not on whether treatment occurred. This section describes what is known about referrals. It also reports on the probable relationship between referral and treatment, as reported by program staff.

Sixty percent of all GA-U recipients in July 1986 Warrant Roll-SSPS files were being referred to some form of treatment for their incapacity according to SSPS records for June 1986. Table 2.7 displays the number of cases for which treatment referrals were made by type of treatment, along with the number of recipients with relevant incapacities.

Treatment referral rates were less than 100 percent in all categories. This could occur for several reasons. First, some CSOs do not record referrals in SSPS records if treatment resources are not available. Second, some case-workers do not formally record all referrals because of heavy work loads. Third, referrals may not be recorded if a client is already under treatment. 3/

Clients who are referred to treatment according to SSPS records do not always receive treatment. CSO staff consulted during this research noted that some recipients may not be treated because of eligibility criteria imposed by service providers. Clients with substance abuse and

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3/ The possibility that the merging of Warrant Roll and SSPS files could have undercounted treatment referrals was checked by comparing figures for the merged file with figures calculated from SSPS files alone. Treatment referral rates in Table 2.7 are similar to referral rates in the full (unmerged) SSPS files. The impact of any matching problems is probably small.

TABLE 2.5

LENGTH OF GA-U RECEIPT SINCE LAST OPENING,
AS OF JULY 1, 1986

LENGTH OF SERVICE	Number of Recipients	Percent	Cumulative Percent
One month or less	2,277	18.8%	18.8%
Two to five months	4,471	37.0%	55.8%
Six to eleven months	2,584	21.4%	77.2%
12 to 23 months	1,874	15.5%	92.7%
24 to 35 months	512	4.2%	96.9%
36 or more months	379	3.1%	100.0%
TOTAL	12,097	100.0%	100.0%

SOURCE: See Table 2.1.

TABLE 2.6

LENGTH OF GA-U RECEIPT SINCE LAST OPENING,
BY INCAPACITY, AS OF JULY 1, 1986

LENGTH OF SERVICE	Physical	Mental Illness	Substance Abuse	Mental Retardation
Less than six months	53.0%	46.3%	67.4%	43.2%
Six to eleven months	22.5%	22.4%	19.4%	24.9%
Twelve months or more	24.5%	31.3%	13.2%	31.9%
Total	100.0%	100.0%	100.0%	100.0%
AVERAGE LENGTH (Months)	8.9	10.3	5.7	10.4
NUMBER OF CASES	5,014	4,132	3,547	417

SOURCE: See Table 2.1.

NOTES: Incapacity groups are based on primary and secondary incapacities. Data on primary and secondary incapacities are missing for 341 cases out of the 12,097 in the merged file.

Individuals may be included in more than one column if they have incapacities falling into more than one category.

TABLE 2.7

JULY 1986 GA-U RECIPIENTS WITH TREATMENT REFERRALS, BY TYPE OF TREATMENT

TYPE OF REFERRAL	Number With Referrals	Number With Potential Referrals	Percent Referred
Mental Health Center	2,822	4,132	68.3%
Alcohol Treatment	2,471	2,995	82.5%
Medical Treatment	1,861	5,014	37.1%
Drug Abuse Treatment	527	693	76.0%
Physical Rehabilitation	450	--	--
Treatment for Handicaps	43	--	--
TOTAL	7,277	12,097	60.2%

SOURCE: See Table 2.1.

NOTES: The numbers with potential referrals for alcohol and drug abuse treatments are based on detailed codes for primary and secondary incapacities.

Those with potential referrals to alcohol treatment include those with alcohol abuse or mixed substance abuse incapacities.

Those with potential referrals to drug abuse treatment include those with drug abuse or mixed substance abuse incapacities.

mental health incapacities, for example, may find it difficult to obtain treatment in either mental health or substance abuse programs. In other cases, service providers may be forced to place clients on waiting lists due to lack of space.

Availability of mental health treatment depends on the severity of a client's problems. Community Mental Health Centers are the only providers authorized to treat GA-U recipients with mental health incapacities. However, Community Mental Health Centers can provide mental health services only to the extent that the recipients meet state priority criteria established in the Community Mental Health Services Act. Limits to Community Mental Health Center funding limit the amount of treatment available to many GA-U recipients.

Referral to SSI and Support Programs

At least twenty-seven percent of GA-U recipients on the July 1986 Warrant Roll were being referred to SSI or assisted with SSI appeals in June 1986, according to SSPS records. At least seven percent of GA-U recipients were being referred to the Division of Vocational Rehabilitation, and less than one percent were being referred to the Veterans Administration or the Division of Developmental Disabilities. These figures are probably low, since case reading indicates that program referrals are not always recorded in SSPS files.

GA-U recipients who are referred to SSI are required to sign an interim assistance agreement, under which the recipient agrees to repay all GA-U assistance from their first SSI check. This check is retroactive to the date of application, and more than covers the costs of GA-U payments made by the state during the application period. In fiscal 1986, Washington State recovered almost 17 percent of GA-U benefits paid out to residents through financial recoveries from recipients, the vast majority of which involved SSI payments.

In addition to referring GA-U recipients to SSI, Washington State pays attorney fees to assist GA-U recipients in obtaining SSI. Fees of up to 25 percent of the state's financial recoveries can be paid to attorneys assisting GA-U recipients with SSI appeals.

According to SSPS records, large numbers of GA-U recipients who have received assistance continuously for twelve months or more have not been referred to SSI. Forty-five percent of such long-term recipients were recorded as receiving SSI referrals or assistance with appeals in June 1986. 4/ The remaining fifty-five percent were not reported to be receiving such help. Referral rates are unlikely to be this low solely because referrals are undercounted in SSPS records.

Since SSI is intended to serve persons with incapacities lasting twelve months or more, more SSI referral efforts could probably be made for long-term GA-U recipients. Staff in some CSOs suggested as much, indicating that there is often little time to do more than provide SSI application forms, obtain interim assistance agreements from clients, and verify that applications were submitted. Clients often require additional support including assistance in filling out applications, help with appeals for reconsideration, and transportation to hearings.

However, some of the long-term GA-U population is made up of people who will be incapacitated for long periods of time -- perhaps permanently -- but are not eligible for SSI. For example, Washington's GA-U program accepts mentally retarded individuals with somewhat higher I.Q. scores than the SSI program. This accounts for some of the mentally retarded individuals who have used GA-U for more than one year. Data are not available to determine how many long-term GA-U recipients are not eligible for SSI.

4/ The SSI referral rate was 21 percent for those who have not yet received GA-U for 12 months.

CHAPTER 3: GROWTH OF GA-U CASELOADS

This chapter uses Average Grant data for fiscal years 1983 through 1986 and merged Warrant Roll-SSPS files for July 1985 and July 1986 to analyze trends in GA-U caseload growth. Data from the two sources yield different growth rates because of the way they are collected and analyzed. 1/ However, growth rates are consistent, and support the same general conclusion:

- o GA-U caseloads are growing statewide at more than 10 percent per year. The areas with highest growth, in percentage terms, are outside of King County.

There are at least three possible reasons for caseload growth: a) more people could be applying b) more people could be approved (due to changes in eligibility process), and c) people could be staying on GA-U longer than in the past. If more people are being approved, this could be due to increases in the number of people with incapacities, increases in participation by incapacitated people, in-migration from other states, or increased rates of return to GA-U by previous recipients.

Some of these hypotheses can be tested with the cross-sectional data used in this report. Conclusions include:

1) Most caseload growth appears to be due to increased case openings rather than increased length of use of the program. The number of GA-U grants opened in fiscal year 1986 increased by 10 percent over fiscal year 1985. Most case openings (65 percent) came from people who had not used welfare in Washington State during the past three years.

1/ See Chapter 1 for a discussion of differences between Warrant Roll and Average Grant statistics. Differences caused by missing values in Warrant Roll-SSPS files will be discussed for each comparison.

2) The length of current GA-U episodes remained unchanged between July 1985 and July 1986. The proportion of new openings to re-openings remained unchanged between fiscal years 1985 and 1986, indicating that recycling of previous recipients has neither increased nor decreased.

3) The approval rate for GA-U applications remained unchanged between fiscal years 1983 and 1986. Increases in openings are due to new applications rather than increased approval rates.

4) The number of recipients with substance abuse incapacities increased by 40 percent between July 1985 and July 1986, while the number with mental health incapacities remained constant. Substance abuse cases accounted for between 59 and 80 percent of GAU caseload growth between the two years.

5) The number of recent in-migrants to Washington using the GA-U program increased between July 1985 and July 1986. An estimated 36 percent of the caseload growth during the year was due to increased in-migration. Almost half of the additional in-migrants were served by the Belltown CSO. Seventy-five percent of the additional in-migrants were people with substance abuse incapacities.

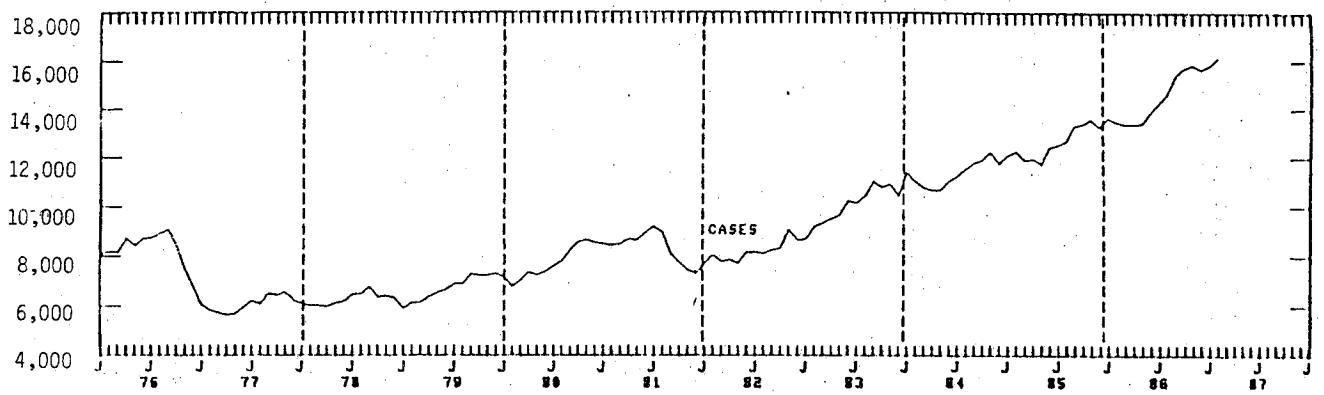
Caseload Growth Over Time

General Assistance caseloads respond to a number of factors, including social and economic conditions and changes in program rules. Washington's GA-U caseload has ranged from a high of 9,105 in March 1976 to a low of 5,900 in July 1978 to an all-time high of 16,715 in November 1986. These figures, based on Average Grant reports, are provided in Figure 3.1. The caseload drops during 1976 and 1981 stemmed from changes in program rules.

While GA-U caseloads are clearly growing over time, Figure 3.1 shows that month to month growth can be irregular. Increases measured by comparing caseloads in one month with caseloads in another can be misleading if one of the months had an abnormally high or low caseload. To avoid these problems, caseload growth was measured by comparing average annual caseloads in fiscal years 1983, 1984, 1985, and 1986 (Table 3.1).

FIGURE 3.1

MONTHLY GA-U CASELOADS - JULY 1975 TO JULY 1987



SOURCE: Average Grant Statistics from the DSHS Budget Office.

NOTES: January of each calendar year is indicated by year number. Biennia are indicated by dashed vertical lines.

Average annual GA-U caseloads increased by 11.7 percent between fiscal years 1983 and 1984, 10.1 percent between fiscal years 1984 and 1985, and by 13.6 percent between fiscal years 1985 and 1986. In contrast, Washington's overall population grew by only 1.0 percent between April 1983 and 1984, 1.3 percent between April 1984 and 1985, and 0.8 percent between April 1985 and 1986.

Caseload Growth by DSHS Region

Patterns of caseload growth by region may be somewhat surprising to those who view urban indigents as the main source of GA-U caseload growth. GA-U caseloads are increasing in all areas of the state.

As shown in Table 3.1, downtown Seattle experienced rapid growth in its GA-U caseload between fiscal years 1983 and 1984, but growth rates have declined since then. Between fiscal years 1985 and 1986 caseload growth in the Belltown CSO was lower than the statewide average. Caseload growth has increased in the rest of the state, particularly between fiscal years 1985 and 1986.

TABLE 3.1

PERCENTAGE CHANGE IN AVERAGE GA-U CASELOADS, BY FISCAL YEAR AND DSHS REGION

DSHS REGION	Average Caseload FY 1984	Percentage Increase FY 1983 to 1984	Average Caseload FY 1985	Percentage Increase FY 1984 to 1985	Average Caseload FY 1986	Percentage Increase FY 1985 to 1986
Region 1 (Spokane)	1,603	10.2%	1,733	8.1%	1,959	13.0%
Region 2 (Yakima)	613	4.1%	675	10.1%	851	26.1%
Region 3 (Everett)	1,290	14.8%	1,536	19.1%	1,887	22.9%
Region 4 (Seattle)	5,590	11.0%	5,942	6.3%	6,497	9.3%
Belltown CSO	(1,420)	(28.4%)	(1,632)	(14.9%)	(1,804)	(10.5%)
Balance of Region 4	(4,170)	(6.1%)	(4,311)	(3.4%)	(4,693)	(8.9%)
Region 5 (Tacoma)	1,452	8.6%	1,623	11.8%	1,861	14.7%
Region 6 (Vancouver)	1,461	20.5%	1,714	17.3%	1,961	14.4%
STATEWIDE TOTAL	12,009	11.7%	13,223	10.1%	15,016	13.6%

SOURCE: Average Grant statistics from DSHS Blue Books.

NOTES: Principal cities in each region are identified in parentheses. The Belltown CSO serves downtown Seattle, including Pioneer Square.

Increases in Openings as a Source of Growth

One factor in the growth of the GA-U caseload has been an increase in openings. Average Grant statistics show that 24,263 GA-U grants were opened in fiscal year 1986, 10 percent more than the 21,962 opened in fiscal year 1985.

Most of these openings (65 percent) were by individuals who had no history of welfare receipt in Washington State within the past three years. This percentage is unchanged from fiscal year 1985.

Table 3.2 displays the percent of these "new" openings among total openings by DSHS Region for fiscal year 1986. Regions with the highest percentage of "new" openings tended to be those with the largest percentage increases in caseloads in 1986. Areas with the highest proportions of reopenings by previous users (Belltown and King County) had the lowest caseload increases in percentage terms.

Caseload growth appears to be due primarily to increased applications for assistance rather than increased approval rates. Some 47 percent of GA-U applications submitted in fiscal year 1986 were approved, as opposed to 49 percent in fiscal 1985, and 48 percent in fiscal years 1983 and 1984.

Length of GA-U Receipt as a Source of Growth

Average length of use for GA-U recipients did not change much between July 1985 and July 1986. Table 3.3 displays the average length of stay and the distribution of length of stay for cases in the Warrant Roll-SSPS files for the two months. 2/

While further investigation of length of use will be undertaken in subsequent reports, there is no indication that length of stay has changed since 1985. It is unlikely that increased length of stay has contributed to recent GA-U caseload growth.

2/ This is the first of a series of increases measured by comparing caseloads measured in July 1985 and July 1986 merged Warrant Roll-SSPS files. Caseloads increased by 12.4 percent between July 1985 and July 1986 according to these files, as opposed to 13.6 percent between fiscal years 1985 and 1986 according to Average Grant data.

TABLE 3.2

NEW OPENINGS AS A PERCENT OF ALL GA-U OPENINGS
IN FISCAL YEAR 1986, BY DSHS REGION

DSHS REGION	Total Openings	Percent New Openings	Percent Re-Openings
Region 1 (Spokane)	2,679	69.8%	30.2%
Region 2 (Yakima)	1,434	74.8%	25.2%
Region 3 (Everett)	2,791	66.5%	33.5%
Region 4 (Seattle)	11,673	57.7%	42.3%
Belltown CSO	(4,327)	(50.2%)	(49.8%)
Balance of Region 4	(7,346)	(62.2%)	(37.8%)
Region 5 (Tacoma)	2,801	73.9%	26.1%
Region 6 (Vancouver)	2,885	72.8%	27.2%
STATEWIDE TOTAL	24,263	64.7%	35.3%

SOURCE: Average Grant Statistics from Money Pay Case Movement Tables for July 1985 through June 1986.

NOTES: New openings involve recipients with no record of welfare use in the Washington's client history system within the past three years. Re-openings are cases with prior welfare history in the GA-U program or other income assistance programs in Washington State within the past three years.

TABLE 3.3

LENGTH OF GA-U RECEIPT SINCE LAST OPENING,
IN JULY 1985 AND JULY 1986

LENGTH OF SERVICE	July 1985	July 1986
One month or less	19.2%	18.8%
Two to five months	37.4%	37.0%
Six to eleven months	21.4%	21.4%
12 to 23 months	14.0%	15.5%
24 to 35 months	5.0%	4.2%
36 or more months	3.0%	3.1%
Total	100.0%	100.0%
AVERAGE LENGTH OF SERVICE (in Months)	6.2	8.3
NUMBER OF CASES	10,761	12,097

SOURCE: July 1985 and July 1986 Warrant Roll files merged with June 1985 and June 1986 Social Service Payment System files.

NOTES: Length of service information is missing for one case in the July 1985 files.

Changes in Incapacities as a Source of Growth

One of the major contributors to GA-U program growth appears to be an increase in the number of recipients incapacitated by abuse of alcohol and drugs. The number of recipients with a primary or secondary incapacity of substance abuse increased by almost 38 percent between July 1985 and July 1986, against an increase of less than 12 percent for all cases with valid incapacity data. 3/ Table 3.4 displays figures for other incapacities, based on merged Warrant Roll-SSPS files.

Two findings stand out in the table: the increase in the number of cases involving substance abuse and the lack of growth in cases involving mental illness. The impact of substance abuse cases is such that if cases for which substance abuse was the only reported incapacity are excluded, caseloads in the merged Warrant Roll-SSPS files increase by only 5 percent between July 1985 and July 1986 instead of almost 12 percent.

Expressed another way, 59 percent of the GA-U Caseload growth between July 1985 and July 1986 involved cases in which alcohol or drug abuse were the only reported incapacity (primary or secondary). Eighty percent of the growth involved cases with alcohol or drug abuse as a primary or secondary incapacity.

Growth in substance abuse cases was not limited to any one geographic area. Substance abuse cases (primary or secondary) increased by 36 percent in King County and 41 percent in the rest of the state.

Fifty-seven percent of all GA-U recipients who arrived in Washington State after July 1985 had substance abuse incapacities. This group made up 19 percent of all persons with substance abuse incapacities whose arrival dates were known. While some of these in-migrants may have been in Washington before their most recent arrival, the proportion of recent in-migrants in the GA-U population has been increasing. In-migrants are more likely to have substance abuse incapacities than the average GA-U recipient.

3/ Incapacity data are missing for 2 percent of the 10,762 cases in the July 1985 merged file and 3 percent of the 12,097 cases in the July 1986 files. As a result, caseload growth measured in Table 3.4 is 11.5 percent rather than the 12.4 percent that would be measured without missing values. However, the missing data should have little impact on the differences between growth rates by incapacity.

TABLE 3.4

DISTRIBUTION OF GA-U RECIPIENTS BY INCAPACITY, IN JULY 1985 AND JULY 1986

INCAPACITY	July 1985	July 1986	Percentage Increase
Physical			
Primary Incapacity	4,268	4,626	8.4%
Primary or Secondary	4,631	5,014	8.3%
Mental Illness			
Primary Incapacity	3,863	3,796	-1.7%
Primary or Secondary	4,108	4,132	0.6%
Substance Abuse			
Primary Incapacity	2,140	3,030	41.6%
Primary or Secondary	2,574	3,547	37.8%
Mental Retardation			
Primary Incapacity	268	304	13.4%
Primary or Secondary	345	417	20.9%
TOTAL	10,539	11,756	11.5%

SOURCE: See Table 3.3.

NOTES: Incapacity data are missing for 223 cases in July 1985 files and 341 cases in July 1986 files.

Comparisons between these files underestimate 1985 to 1986 caseload growth. However, all incapacity groups should be equally affected.

The number of cases involving mental illness did not remain constant statewide. Cases involving mental illness dropped by eight percent in Regions 4 and 5 (King, Pierce and Kitsap Counties) and increased by eight percent in the rest of the state.

In-Migration as a Source of Growth

As indicated in Chapter 2, GA-U recipients were more likely than non-recipients to be recent arrivals to Washington State. This is clearly true for the Belltown CSO. The relationship is less apparent, if present at all, in the rest of the state.

The percentage of recent in-migrants on GA-U caseloads has increased since 1985. GA-U recipients who were approved for benefits within three months of arrival in Washington State made up 5.4 percent of the July 1985 GA-U caseload and 7.6 percent of the July 1986 caseload. Table 3.5 displays the percent of the caseload whose arrival dates are known who were recent arrivals when last approved, by DSHS region.

Increases were greatest in the Belltown CSO (17 percent new arrivals in 1985 to 24 percent in 1986) and Region 5 (four percent in 1985 to seven percent in 1986).

Belltown figures for 1986 were fairly close to results of an analysis of approved GA-U applicants conducted by the staff of the Belltown CSO between November 1, 1985 and February 14, 1986. Belltown staff found that 286 of the 1,021 approvals during the period (28 percent) took place within three months of the client's arrival in Washington State. Two hundred four of the approvals (20 percent) occurred within two weeks of arrival.

If numbers are attached to the percentages in Table 3.5, the importance of in-migration to overall caseload growth can be estimated. The number of recipients whose arrival dates are known increased by 675 between July 1985 and July 1986, or 8 percent. 4/ The number of cases whose grants had opened within three months of arrival in Washington increased by 241, or 36 percent of the 675 additional cases.

4/ Differences caused by missing arrival dates are responsible for the fact that the July 1985 to July 1986 caseload increase measured by in-migration status is 8.0 percent. If all cases are counted, the increase between July 1985 and July 1986 is 12.4 percent.

TABLE 3.5

PERCENT OF GA-U RECIPIENTS WHO RECEIVED BENEFITS WITHIN THREE MONTHS OF ARRIVAL IN WASHINGTON STATE, BY DSHS REGION IN JULY 1985 AND JULY 1986

DSHS REGION	July 1985	July 1986
Region 1 (Spokane)	5.0%	5.3%
Region 2 (Yakima)	4.8%	5.2%
Region 3 (Everett)	2.9%	5.2%
Region 4 (Seattle)	7.4%	10.5%
Belltown CSO	(16.6%)	(23.6%)
Balance of Region 4	(3.9%)	(4.7%)
Region 5 (Tacoma)	3.6%	7.4%
Region 6 (Vancouver)	4.1%	4.0%
STATEWIDE TOTAL	5.4%	7.6%
CASES WITH RESIDENCE DATES	8,635	9,310

SOURCE: See Table 3.3

NOTES: Residence dates are missing for 2,127 cases in the July 1985 file and 2,787 cases in the July 1986 file.

The additional in-migrants were concentrated in downtown Seattle, and usually had substance abuse incapacities. Almost half of the 241 additional in-migrants were served by the Belltown CSO. Seventy-five percent of the 241 additional in-migrants had substance abuse as a primary or secondary incapacity. These findings are generally consistent with the findings in the last section on growth in the numbers of GA-U recipients with substance abuse incapacities.

It is easier to describe in-migration patterns than to determine what, if anything, can be done to influence them. Residency requirements cannot be used as a way of deterring in-migration. The United States Supreme Court ruled in 1969 (Shapiro v. Thompson) that states cannot condition General Assistance eligibility on length of state residence. As a result, the state cannot offer different benefits to long-term residents than to recent arrivals.