

GENERAL ASSISTANCE PROGRAMS FOR UNEMPLOYABLE ADULTS

The 2009 Legislature directed the Washington State Institute for Public Policy (Institute) to:

*conduct an assessment of the general assistance unemployable program and other similar programs. The assessment shall include a review of programs in other states that provide similar services and will include recommendations on promising approaches that both improve client outcomes and reduce state costs.*¹

General Assistance-Unemployable (GA-U) is a state-funded program that provides cash and medical assistance to adults with temporary incapacities (for example, an illness) that prevent them from working. This report:

- describes Washington's program,
- compares other states' programs, and
- summarizes the available research literature.

Suggested citation: Annie Pennucci, Corey Nunlist, and Jim Mayfield (2009). *General assistance programs for unemployable adults*. Olympia: Washington State Institute for Public Policy, Document No. 09-12-4101.

Summary

The 2009 Legislature directed the Institute to review state general assistance programs and to identify "promising approaches that both improve client outcomes and reduce state costs."

General Assistance in Washington State. Washington provides general assistance—cash grants and medical benefits—to three groups of adults without dependents: those temporarily unable to work due to a physical or mental incapacity (GA-U); individuals awaiting approval for federal SSI benefits (GA-X); and other low-income populations not eligible for other forms of public assistance (GA-Other). In July 2009, 37,269 individuals received general assistance in Washington. This report focuses on the GA-U program, which is about half of the total general assistance caseload.

Caseload Trends. The GA-U caseload nearly doubled between 2003 and 2008. The caseload is forecasted to increase by an additional 37 percent by July 2013.

Client Characteristics. Most GA-U recipients are unmarried white males, age 30 to 55, with a physical disability. Additionally, over half of GA-U clients have mental illness and/or substance abuse problems.

Other States' Programs in Comparison With Washington. Eighteen other states provide general assistance to similar populations. Eligible adults are low-income and can usually receive benefits for the duration of their temporary incapacity. Five states have set time limits for how long clients can receive financial assistance.

Most of these 18 states operate programs similar to Washington's, although Washington requires that clients be incapacitated for longer than most other states and has a higher-than-average cash grant.

Evidence-Based Strategies. Research evidence suggests that client and taxpayer finance outcomes can be improved by providing treatment services to individuals diagnosed with mental illness or substance abuse disorders. These services are appropriate for many GA-U clients. We searched the national research literature for, but did not find, rigorous empirical research that directly measures the effectiveness of general assistance (that is, cash assistance as a distinct program).

¹ ESHB 1244 § 610 (11), Chapter 564, Laws of 2009.

PART 1: GENERAL ASSISTANCE IN WASHINGTON STATE

Washington State offers three forms of general assistance: GA-U, GA-X, and other general assistance programs.

GA-U. Washington State provides cash grants and medical assistance to low-income adults without dependents who are temporarily unable to work due to a physical or mental disability that lasts at least 90 days. General Assistance-Unemployable (GA-U) is a program of last resort; to be eligible, individuals must be ineligible for most other forms of public assistance, including Temporary Assistance for Needy Families (TANF).²

GA-X. Individuals with long-term disabilities (those expected to last 12 months or more) apply for federal Supplemental Security Income (SSI); while they await approval, the state provides General Assistance-Expedited (GA-X) cash grants. GA-X clients are eligible for Medicaid. Once SSI benefits are approved, the state is reimbursed by the federal government for GA-X expenditures.

GA-Other. In addition to GA-U and GA-X, Washington provides general assistance to other categories of individuals who do not qualify for other forms of public assistance. These categories include the following:

- Aged (65 or older)
- Blind
- Disabled (developmental disabilities, not yet receiving DD benefits)
- Residing in an institution
- Over 18, not yet 19

As directed in legislation, this report focuses on the GA-U program. Some information about GA-X clients is also provided because the two programs overlap; in fiscal year (FY) 2008, 8 percent of GA-U clients applied for SSI and became GA-X recipients. The Department of Social and Health Services (DSHS) helps determine whether GA-U recipients are likely to be eligible for SSI and, therefore, qualify for GA-X.³

² General assistance clients remain eligible for food stamps.

³ The 2009 Legislature directed the DSHS Economic Services Administration to “aggressively pursue opportunities to transfer general assistance

For all general assistance programs in Washington, the maximum cash grant is \$339 per month; the average actual GA-U grant in FY 2008 was \$299 per month.⁴ The average medical payment per GA-U client was \$590 per month in FY 2008. In the 2009–11 biennium, Washington allocated \$180 million in state general funds for cash grants and \$167 million for medical assistance for GA-U recipients.⁵ Including all expenditures, medical services account for about half of total spending on GA-U clients.⁶

The following section describes general assistance caseload trends, characteristics of benefit recipients, and coordination with other social service programs.

Caseload Trends

In FY 2008, the average monthly Washington State general assistance caseload was 31,175 people. On average, each month 16,042 individuals received GA-U, and 11,842 GA-X. The GA-U and GA-X programs respectively accounted for 51 and 38 percent of the general assistance caseload; the remaining 11 percent was in GA-Other.

The number of people who receive general assistance in Washington is increasing. Exhibit 1 illustrates this trend over the past decade. Between 1998 and 2002, the GA-U caseload hovered around 10,000, and decreased to about 8,500 in 2003. This decrease resulted from efforts to identify GA-U recipients likely to be eligible for SSI and thus transferred to GA-X.⁷ The GA-U caseload has nearly doubled since, increasing by 89 percent between 2003 and 2008. During the same period, the GA-X caseload climbed steadily, more than doubling since 1998 and increasing by 22 percent since 2003.

unemployable clients to general assistance expedited coverage” and “intensively evaluate those clients who have been receiving general assistance unemployable benefits for twelve months or more” to determine clients’ likelihood of receiving SSI. ESHB 1244 § 207 (3) (a), Chapter 564, Laws of 2009.

⁴ Grant amounts are adjusted to reflect cost of living. For example, if an individual lives in a shelter that does not charge fees, no allowance for housing costs is made and the amount is reduced.

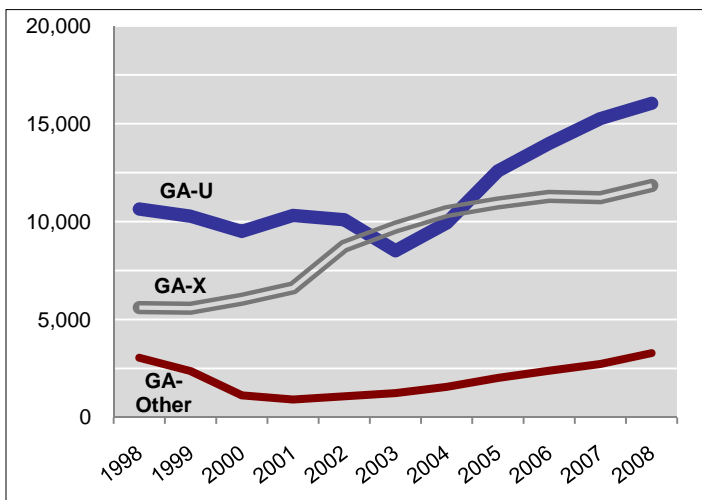
⁵ An additional \$38.3 million was budgeted in federal general funds for GA-U medical assistance.

⁶ D. Mancuso, D. Nordlund, & B. Felver (2006). *GA-U clients: Challenges and opportunities* (Report 6.54). Olympia: Washington State Department of Social and Health Services, Research and Data Analysis Division.

⁷ According to interviews with administrative and legislative staff.

Exhibit 1

General Assistance Average Monthly Caseload, Washington State FY 1998–2008



Source: DSHS ESA Briefing Book, State Fiscal Year 2008

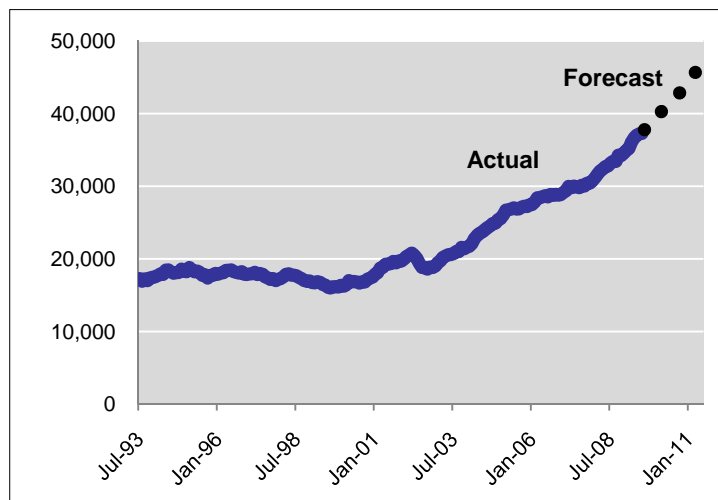
According to the Washington State Caseload Forecast Council (CFC) staff, changes in the general assistance caseload are correlated with the following factors:

- the rate of change in the unemployment rate;⁸
- policy decisions (e.g., changing eligibility requirements or the degree of emphasis on shifting clients from “U” to “X”); and
- increasing entries to, and decreasing exits from, the caseload.⁹

The most recent count of general assistance recipients estimated the total caseload at 37,269 in July 2009 (including all three types of GA). The CFC provides a forecast of the general assistance caseload; the November 2009 forecast predicts a caseload increase of 27 percent between July 2009 and June 2011 (see Exhibit 2).

Exhibit 2

Actual and Forecasted General Assistance Caseload, Washington State FY 1993–2011 Monthly Estimates

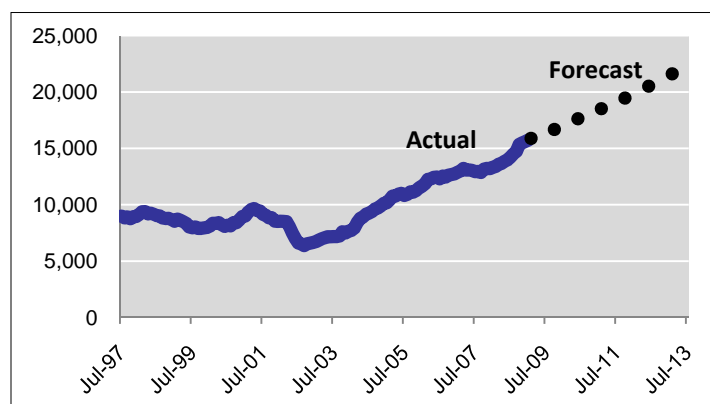


This forecast includes all types of general assistance in Washington State. Source: Caseload Forecast Council November 2009 forecast

Above, Exhibit 2 shows the caseload forecast for *all* general assistance recipients (U, X, and Other combined). The CFC also provides an unofficial forecast for GA-U medical assistance recipients.¹⁰ The GA-U medical caseload forecast also has an upward trend (see Exhibit 3 below). This caseload is projected to increase by 37 percent between July 2009 and July 2013.

Exhibit 3

Actual and Forecasted GA-U Medical* Caseload, Washington State FY 1997–2013 Monthly Estimates



*Comparable data from the GA-U cash grant database are not available, but the populations are the same. Source: Caseload Forecast Council November 2009 forecast

⁸ X. Zhang (2009). *Examination of the unemployment rate and the General Assistance (GA) caseload*. Olympia: Washington State Caseload Forecast Council.

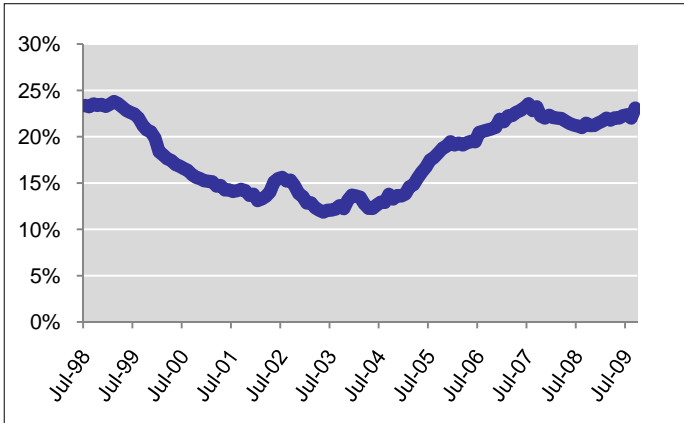
⁹ For more information about the CFC forecast, select “Model Description” at: <http://www.cfc.wa.gov/humanServices/generalAssistance.htm>

¹⁰ A similar forecast is not available for the GA-U cash assistance caseload; these data cover the same population but are tracked separately.

Average Length of Time Clients Receive Benefits

Available data track the percentage of clients on the GA-U medical caseload for 12 consecutive months or more.¹¹ By this measure, the average length of stay for GA-U clients has fluctuated over time (see Exhibit 4). In the late 1990s, 23 percent of GA-U clients received benefits for a year or more. This measure dropped to 12 percent by 2003 and then rose to 23 percent by 2007. As of September 2009, nearly a quarter (23 percent) of GA-U clients had received assistance for a year or more.

Exhibit 4
GA-U Clients' Average Length of Stay
 Percentage of clients receiving GA-U medical assistance* for 12 months or more



*Comparable data from the GA-U cash grant database are not available, but the populations are the same.
 Source: DSHS Research and Data Analysis staff emailed data to author November 30, 2009

GA-U versus GA-X Clients. As they await approval for SSI benefits, GA-X clients receive assistance longer than GA-U clients, on average. Since 1997, GA-X clients received benefits for an average of 27 months, cumulatively (not consecutively). For GA-U clients, the cumulative average is 15 months.¹²

¹¹ This measure is not available for the cash grant database, which covers the same population but does not track information in the same way.

¹² For GA-X clients who were approved for SSI benefits in FY 2008, the average time between application and receipt of benefits was 12 months. In FY 2008, 74 percent of GA-X clients were approved for SSI. Washington State Department of Social and Health Services (2009, August). *General Assistance program overview and questions* [PowerPoint]. Olympia: Author.

Characteristics of Benefit Recipients

The majority of GA-U and GA-X recipients are unmarried white males between the ages of 30 and 55; approximately one-third are in their forties (see Exhibit 5).

Exhibit 5
GA-U and GA-X Recipient Characteristics

	GA-U	GA-X	Combined
Men	60%	55%	58%
White	67%	71%	69%
Married	5%	4%	5%
Under 21	3%	3%	3%
21-29	16%	15%	16%
30-39	19%	19%	19%
40-49	34%	35%	35%
50-55	18%	20%	19%
56+	10%	8%	9%

Source: DSHS ESA Briefing Book, State Fiscal Year 2008

Type of Incapacity. In FY 2003, most (69 percent) GA-U clients had a physical ailment that prevented them from working for 90 or more days (see Exhibit 6). Specific diagnoses include musculoskeletal, cardiovascular, gastrointestinal, pulmonary, and central nervous system problems. Just over one-third (36 percent) of GA-U clients experienced mental illnesses (including depression, pain that requires narcotic analgesics, and psychotic illness).¹³

About a third (32 percent) of GA-U clients had a substance abuse problem as a secondary diagnosis; 16 percent had both mental illness and substance abuse problems. Nearly half (44 percent) were prescribed medication for depression.¹⁴

Additionally, many general assistance recipients have recent criminal justice system involvement. In FY 2006, 23 percent of GA-U clients and 10 percent of GA-X clients were arrested at least once.¹⁵ At the same time, 23 percent of GA-U

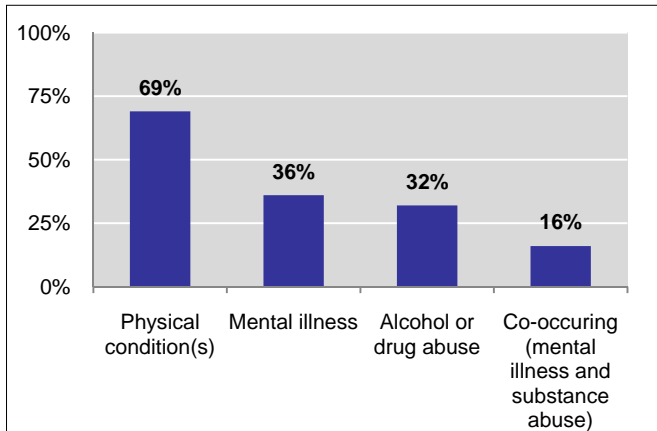
¹³ Mancuso et al., 2006, op. cit.

¹⁴ Ibid.

¹⁵ D. Mancuso, D. Nordlund, & B. Felver (2007). *Arrests among working-age disabled clients* (Report 11.132).

clients and 18 percent of working-age GA-X clients were estimated to be homeless.¹⁶

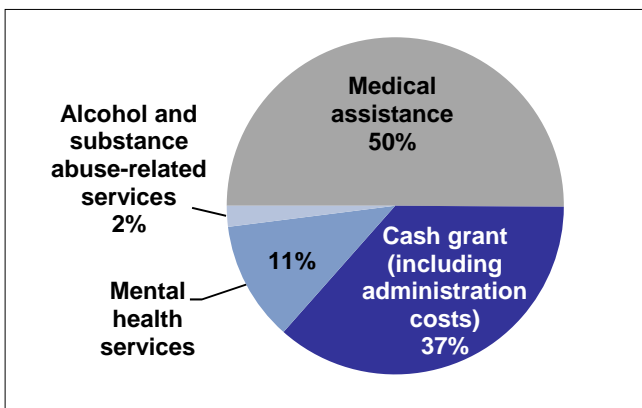
Exhibit 6
Type of Incapacity for GA-U Recipients,
Washington State FY 2003



Source: Mancuso et al., 2006

Per-Client Expenditures. Exhibit 7 displays the breakdown of total DSHS-funded costs for the average GA-U client in FY 2003. Two percent of per-client expenditures were provided for alcohol and substance abuse assessment and treatment, and 11 percent for mental health services.

Exhibit 7
DSHS Spending Per Average GA-U Client,
Washington State FY 2003



Source: Mancuso et al., 2006

Olympia: Washington State Department of Social and Health Services, Research and Data Analysis Division.
¹⁶ L. Kohlenberg, D. Mancuso, & B. Felver (2008). *Homelessness and the working-age disabled* (Report 3.33). Olympia: Washington State Department of Social and Health Services, Research and Data Analysis Division.

Coordination With Other State Programs

The Department of Social and Health Services' Economic Services Administration (ESA) administers general assistance cash grants. The ESA has been directed by the legislature to coordinate with other state programs to facilitate clients' transitions to other programs and, ultimately, their exit from public assistance altogether. This facilitative role was emphasized in 2009 legislation; the ESA was directed to facilitate client transfers to federal SSI, and, if appropriate, mental health and/or substance abuse treatment, vocational rehabilitation services, and veterans' services.¹⁷

PART 2: GENERAL ASSISTANCE IN OTHER STATES

To collect information about other states' general assistance programs, we conducted a literature review and website search, checked other states' statutes and social service department rules, regulations, and manuals, and interviewed individuals involved with the administration of state programs.

In order to directly compare Washington's program with others, we identify states as having a General Assistance-Unemployable program if the eligibility requirements include a temporary incapacity that prevents employment and if financial assistance is provided.¹⁸ In all states that provide this type of general assistance, individuals must be low-income and not eligible for any other public assistance besides food stamps.

¹⁷ ESHB 1244 § 209 and 220 (2) (a), Chapter 564, Laws of 2009. The Institute was not directed to evaluate the effectiveness of this role.

¹⁸ All states but New York fit this criterion. Eligibility for New York's program is based on income, but much of its caseload is individuals with a temporary incapacity that prevents employment, according to program staff.

Exhibit 8
State General Assistance Programs, 2009

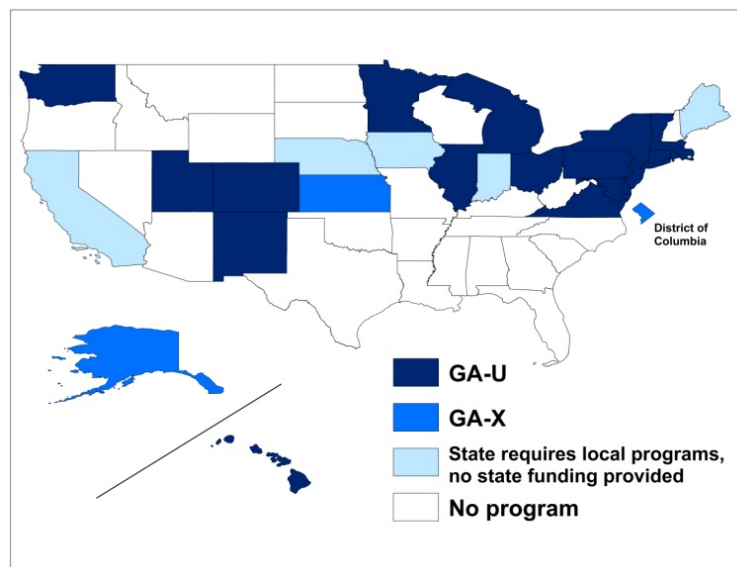
States With GA-U Programs. We identify 19 states (including Washington) that provide general assistance to temporarily unemployable adults (see Exhibit 8). Seventeen of these states have a uniform statewide program. In Virginia, counties have the option to implement general assistance; they receive state funding if they operate GA programs that follow state guidelines. In Illinois, each county is required to provide general assistance, but only receives state funding if its program follows state guidelines.

States With GA-X Only. Alaska, Kansas, and the District of Columbia provide general assistance to individuals in the process of applying for SSI, but not to individuals who are unemployable due to shorter-term disabilities. States that have GA-U programs, including Washington, also provide this assistance.¹⁹

States With No GA Programs. Twenty-nine states do not have a general assistance program. Five of these states (California, Iowa, Indiana, Maine, and Nebraska) require counties or towns to provide general assistance, but do not fund or administer the programs.

Some of these 29 states provide one-time emergency assistance to individuals or families (e.g., financial help when families are facing eviction), but the states do not provide ongoing assistance due to incapacities preventing employment. In many states, some local governments choose to fund general assistance programs, but because we focused on state programs, we did not collect information at the local level.²⁰

State programs are compared in the following section and detailed in the Appendix.



Comparison of State Programs

State general assistance programs are diverse in terms of eligibility criteria, time limits, cash grants, medical assistance, and treatment requirements. The states described in this section are limited to the 19 that operate statewide programs similar to Washington’s General Assistance-Unemployable program. For Virginia, where program implementation varies by county, we use Fairfax County as a proxy for the state.

How Does Washington Compare? Exhibit 9 summarizes information about Washington’s program in comparison with other states. For most of the program components described in this report, Washington’s GA-U has average requirements and benefits, with two exceptions: Washington requires a longer minimum duration of incapacity than most states; additionally, the state provides a higher-than-average cash grant.²¹

¹⁹ We identify some states, such as Colorado and Ohio, as having a GA-U program even though they primarily focus on the potential SSI-eligible population (similar to Washington’s GA-X program). These states provide benefits to individuals with short- and long-term disabilities within the same program. Washington is the only state we identify as having distinct GA-U and GA-X programs.

²⁰ An earlier national review included local programs. See: L. Gallagher, C. Uccello, A. Pierce, & E. Reidy (1999). *State general assistance programs 1998*. Washington, DC: The Urban Institute.

²¹ Washington’s maximum GA-U grant has not changed since 1991.

**Exhibit 9
Washington's GA-U Program
Compared With Other State Programs**

	Benefit Level or Strictness of Requirements		
	Less	Average	More
Definition of incapacity		✓	
Duration of incapacity			✓
Maximum grant amount			✓
Income limit		✓	
Asset limit		✓	
Time limit		✓	
Medical assistance		✓	

Definition of Incapacity. Being temporarily physically and/or mentally disabled and, therefore, unable to work is a key eligibility criterion for state GA-U programs. In Washington, statute defines this criterion as follows: "incapacitated from gainful employment by reason of bodily or mental infirmity."²² All but one (New York) of the 19 states require a disability to be certified by a physician or other medical professional.

Duration of Incapacity. Fourteen of the 19 states set a minimum amount of time that clients' incapacities must last in order for clients to be eligible for GA-U. This minimum is usually between 30 and 90 days (see Exhibit 10). In Washington State, the minimum is 90 days.

**Exhibit 10
State GA-U Eligibility Criterion:
Minimum Duration of Incapacity**

Duration of Incapacity	States
No minimum	IL, MI, NY, PA, VA
30 days or more	DE, MN, NJ, NM, RI, VT
60 days or more	CT, HI, MA, UT
90 days or more	MD, WA
6 to 12 months	CO, OH

²² RCW 74.04.005 (6) (a).

Financial Assistance. GA-U grants range from \$100 to \$434 per month; in 14 of the 19 states with GA-U programs, the maximum grant is less than \$300 per month. Any income GA-U recipients receive is deducted from the monthly grant, and cost of living is typically taken into account. Washington's maximum GA-U grant is \$339 per month.

In all but two states, the grants are provided in the form of cash or put on recipients' public benefits electronic debit cards. In New York, up to \$126 is provided in cash, \$215 directly to landlords or shelters for housing, and \$25 to utility agencies. In Vermont, the grant is provided primarily as direct vendor payments.

**Exhibit 11
Maximum GA-U Grant Amounts**

Maximum Grant Amount	States
\$100–\$199	DE, IL, MD, OH
\$200–\$299	CO, CT, MI, MN, NJ, NM, PA, RI, UT, VA
\$300–\$399	HI, MA, NY*, WA
\$400 or more	VT*

* All or part of the grant is non-cash (direct payments to vendors)

Income Limits. All general assistance recipients have little to no income. States set limits on the amount of monthly income clients can earn and still be eligible for GA benefits. Income limits are generally the same as or less than the grant maximum, excluding exemptions. In Washington, half of clients' gross income is disregarded in determining eligibility; the portion of income that is counted cannot exceed \$339 per month.²³

Asset Limits. To be eligible for general assistance, individuals cannot have significant assets; items such as vehicles or work tools are usually exempted from this eligibility criterion. Asset limits range from \$250 to \$3,000 (see Exhibit 12). In Washington State, the asset limit is \$1,000.

²³ Other states have income disregards as well, but we did not collect this level of detail.

Exhibit 12
GA-U Asset Limits for Eligibility

Asset Limit	States
Less than \$500	CT, MA, PA, RI
\$1,000–\$1,500	DE, MD, MN, NM, OH, VA, VT, WA
\$2,000 or more	CO, HI, IL, MI, NJ, NY, UT

Medical Assistance. Twelve of the 19 states with GA-U programs provide medical assistance to clients. Usually, GA-U recipients are automatically eligible for medical benefits through a state program or Medicaid (see Exhibit 13). In states where GA-U recipients are not categorically eligible for medical assistance, they may meet the eligibility criteria for a separate health care program for low-income adults in general (e.g., Washington’s Basic Health Plan). We did not identify any states that provide medical, but not financial, assistance to GA-U clients.

In Washington State, GA-U recipients are eligible for state Medical Assistance, while GA-X recipients are eligible for Medicaid.

Exhibit 13
Medical Assistance for GA-U Recipients

How Provided	States
State program (non-Medicaid)	CT, IL, MD, MN, WA
Medicaid	HI, NJ*, NY*, PA*, RI*
Combination (state and federal programs)	MA, MI
None	CO, DE, NM, OH, UT, VA, VT**

*State-funded Medicaid only
**Emergency medical assistance only

Most states that provide GA-U medical assistance do so using a managed care model or through a combination of fee-for-service and managed care (see Exhibit 14). Washington State is currently in the process of implementing a statewide managed care program for GA-U medical assistance.

Exhibit 14
Administrative Model for GA-U Medical Assistance

Model	States
Managed care	CT, HI, MD, MI, PA, WA
Combination managed care/fee for service	MA, MN, NJ, NY
Fee-for-service	IL, RI
No medical assistance	CO, DE, NM, OH, UT, VA, VT

Time Limits. Five of the 19 states that operate a GA-U program limit the number of months that individuals can receive benefits (see Exhibit 15).²⁴ Two of these states set lifetime limits; for example, individuals can receive benefits for up to 24 months in their lifetime. Three of these states set periodic limits, for example, nine out of 12 months.

Exhibit 15
Time Limits for GA-U Recipients

Type of Limit	States
Lifetime limit	NJ, NY*
Periodic limit	MD, UT, VA
No time limit	CO**, CT, DE, HI, IL**, MA, MI, MN, NM, OH, PA**, RI, VT**, WA

*Only for cash benefits
**There are time limits for subgroups, including individuals in substance abuse treatment, domestic violence victims, and homeless individuals.

Treatment Requirements. In ten states with GA-U programs, recipients must participate in substance abuse treatment if they are assessed as needing treatment and referred to a program (see Exhibit 16). In at least three of these states, mental health treatment is also required if needed.²⁵ In Washington, clients are assessed and referred to service providers if the assessment determines that they need treatment. However, substance abuse cannot

²⁴ In most states, including Washington, clients are reviewed after a certain period of time to recertify their eligibility for continued assistance. In Washington, this review occurs after 12 months. The time limits described in this section do not refer to those recertification requirements, rather, they are a strict limit on the amount of time individuals can receive this form of assistance.

²⁵ Hawaii, New Mexico, and Pennsylvania.

be the primary diagnosis for Washington GA-U recipients,²⁶ whereas in some other states, these individuals remain eligible for general assistance.

Exhibit 16
Substance Abuse Treatment Requirements for GA-U Recipients

Treatment Requirements	States
None	DE, IL, MA, MI, OH, RI, UT, VA, WA
Substance abuse treatment required (if referred)	CO, CT, HI, MD, MN, NJ, NM, NY, PA, VT

Recent Trends. In the past year, some states have reduced or eliminated their general assistance programs.²⁷ Arizona ended its general assistance program in spring 2009. Utah now requires that eligible individuals have a disability for at least 60 days (rather than 30) and shortened its periodic time limit. Similarly, Maryland is proposing a shorter time limit. Minnesota anticipates that, due to budget constraints, the medical assistance portion of its general assistance program will be discontinued in March 2010.

PART 3: RESEARCH ON PROGRAMS SERVING GENERAL ASSISTANCE RECIPIENTS

The Legislature directed the Institute to include in this report “recommendations on promising approaches that both improve client outcomes and reduce state costs.” This section summarizes our review of available research.

Rigorous, Empirical Evaluations on the Provision of General Assistance Have Not Been Conducted. We searched the national research literature for, but did not find, rigorous empirical research²⁸ that measures the impact

²⁶ RCW 74.04.005 (6) (a) (ii) (C).

²⁷ This trend continues a pattern documented by the Urban Institute in 1999. See: L. Gallagher (1999, September). *A shrinking portion of the safety net: General assistance from 1989 to 1998* (Series A, No. A-36). Washington, DC: The Urban Institute.

²⁸ A rigorous research design compares outcomes between a treatment group that receives general assistance and a carefully selected (or randomly assigned) comparison group that does not receive assistance.

of a general assistance program (one that provides cash grants and medical assistance to a population similar to GA-U recipients).

We also could not locate evaluations of cost-containment efforts. State actions that reduce general assistance costs have included the following:

- caseload reduction measures (e.g., setting time limits or stricter eligibility criteria);
- lower grant amounts; or
- elimination of the program altogether.

None of these policy changes have been rigorously evaluated to isolate their impact on outcomes. Therefore, we cannot estimate how Washington’s GA-U program directly influences homelessness, crime, mental and physical health, or other outcomes of interest.

The absence of evidence regarding the effectiveness of general assistance does not mean that cash grants and medical benefits do not impact outcomes; we just cannot cite research evidence on this topic.

Research Identifies Cost-Effective Services That May Be Appropriate for Many GA-U Recipients.

A substantial body of research provides evidence of effective treatment programs for disordered substance abuse and serious mental illness. Such treatment programs may be appropriate for many GA-U recipients; about half (52 percent) of GA-U recipients have a diagnosed mental illness and/or substance abuse problem.²⁹

In 2006, the Institute conducted a comprehensive review and benefit-cost analysis of treatment programs for substance abuse and mental illness. The study found that, for adults who experience these problems, evidence-based treatment achieves roughly a 15 to 22 percent reduction in the incidence or severity of these disorders. This reduction produces about \$3.77 in total life-time benefits per dollar of treatment cost.³⁰ The benefits associated with treatment

²⁹ This estimate is derived from the statistic cited earlier (in FY 2003, 36 percent of GA-U clients had mental illness, 32 percent substance abuse problems, and 16 percent both). Mancuso et al., 2006, op. cit.

³⁰ S. Aos, J. Mayfield, M. Miller, & W. Yen (2006). *Evidence-based treatment of alcohol, drug, and mental health disorders: Potential benefits, costs, and fiscal*

include improved performance in the job market, reduced health care and other costs, and reduced crime-related costs.

We Do Not Know How Evidence-Based Services Would Impact the GA-U

Population. The benefits described above apply to a broad population: any adults with disordered substance abuse or serious mental illness. The cost-effectiveness of treatment may be different for the subgroup of these adults who are eligible for general assistance.

Also, measures of client outcomes and cost savings may not hold if services were provided to all GA-U recipients with relevant diagnoses, including those reluctant or unwilling to participate in treatment.

The Washington State Department of Social and Health Services (DSHS) Research and Data Analysis Division (RDA) has conducted research that suggests substance abuse and mental health treatment can be effective for GA-U clients in particular. Several RDA studies find an association between treatment and improved outcomes, including: lower subsequent medical costs and mortality rates for GA-U clients who received outpatient mental health treatment, compared with those who did not,³¹ and lower medical costs and fewer arrests for GA-U clients who received substance abuse treatment, compared with those who needed treatment but did not receive it.³²

impacts for Washington State. Olympia: Washington State Institute for Public Policy, Document No. 06-06-3901.

³¹ D. Mancuso & S. Estee (2003). *Washington state mental health services cost offsets and client outcomes technical report.* Olympia: Washington State Department of Social and Health Services, Research and Data Analysis Division.

³² T. Wickizer, B. Lucenko, D. Mancuso, & B. Felver (2009). *Medical costs decline for GA-U clients who receive chemical dependency treatment.* Olympia: Washington State Department of Social and Health Services, Research and Data Analysis Division; D. Nordland, D. Mancuso, & B. Felver (2004). *Chemical dependency treatment reduces emergency room costs and visits.* Olympia: Washington State Department of Social and Health Services, Research and Data Analysis Division; and D. Mancuso & B. Felver (2009). *Providing chemical dependency treatment to low-income adults results in significant public safety benefits.* Olympia: Washington State Department of Social and Health Services, Research and Data Analysis Division.

These findings rely on a comparison group design in which the treatment group opted to receive services and the comparison group did not receive services (for reasons unknown). The studies statistically control for many of the observed differences between the groups, but we still do not know what the bottom line would be if all diagnosed clients were required to participate in treatment.

Research Evidence Supports Investment in Treatment Services.

While we cannot predict the precise impacts of expanding substance abuse and mental health treatment services to GA-U recipients, the research evidence suggests that to improve outcomes and reduce costs, the state should invest in these services.³³

Of course, substance abuse and mental health treatment is not appropriate for GA-U recipients who have other conditions (such as physical injuries or illnesses). The Institute is beginning a study directed by the 2009 Legislature to identify cost-effective interventions for a variety of populations, including the spectrum of individuals eligible for general assistance. The study involves a comprehensive examination of experiments and demonstration projects designed to improve medical, criminal justice, employment, and other outcomes for adults in this population. The results of this study are expected to be published by June 30, 2011.

³³ Washington State is currently implementing a number of changes related to GA-U, including: expanding a pilot program for managed health care delivery for GA-U recipients statewide; piloting an “integrated” approach to mental health treatment and managed health care; and expanding substance abuse treatment services.

Appendix: State General Assistance Programs

To collect information about other states' general assistance programs, we conducted a literature review and website search, checked other states' statutes and social service department rules, regulations, and manuals, and interviewed individuals involved with the administration of state programs.

Exhibit 17
Summary: State General Assistance Programs for Temporarily Unemployable Adults

State/ Program Name	Definition of Incapacity*	Duration of Incapacity	Medical	Cash Grant (maximum)	Time Limits	Income/ Asset Limits**	Treatment*** Requirements
Alabama <i>No program</i>							
Alaska Interim Assistance <i>Similar to GA-X</i>	Permanently and totally disabled as defined by SSI criteria.	12 months or more	No	\$280	None	Income: \$1,252 Asset: \$2,000	None
Arizona <i>No program</i>							
Arkansas <i>No program</i>							
California <i>No program (county programs required by state but locally funded)</i>							
Colorado Aid to the Needy Disabled	A doctor-verified physical or mental impairment that prevents engagement as a homemaker or as a wage earner in any employment in the community for which the recipient has competence.	6 months or more	No	\$200	None, except for individuals in substance abuse treatment (12 month limit).	Income: \$200 Asset: \$2,000	If the primary diagnosis is alcoholism or controlled substance addiction, the recipient must agree to assessment and treatment.
Connecticut State- Administrated General Assistance	Physical and/or mental impairment that prevents employment. Medical impairment criteria are same as for SSI, adjusted for duration and severity. Other criteria include: over age 55 and no work history in the previous 5 years; or pending receipt of a state or federal means-tested program.	6 months or more (for long-term transitional program). 2–6 months for short-term transitional program (must have recent work history).	Yes, recipients categorically eligible for SAGA medical. Managed care program covers direct medical costs and limited dental (but no vision) benefits.	\$212	None	Income: \$212 Asset: \$250 For medical Income: \$506.22 to \$610.61 Asset: \$1,000	Substance abuse treatment required if referred.
Delaware General Assistance	Ill or incapacitated and unable to perform work activities, as documented by a physician.	1 month or more	None as part of GA, but majority of recipients are eligible for Adult Poverty Medicaid, a managed care program.	\$123	None	Income: \$123 Asset: \$1,000	None

*Other categories of individuals besides those with temporary incapacities may be eligible for general assistance, such as those who are homeless, underemployed, near retirement age, or simply low-income.

**Excluding standard income disregards and asset exemptions (e.g., car or work tools).

***Refers to substance abuse treatment unless otherwise noted.

Appendix: State General Assistance Programs

State/ Program Name	Definition of Incapacity*	Duration of Incapacity	Medical	Cash Grant (maximum)	Time Limits	Income/ Asset Limits**	Treatment*** Requirements
District of Columbia Interim Disability Assistance <i>Similar to GA-X</i>	Permanently and totally disabled as defined by SSI criteria.	12 months or more	Yes, recipients automatically eligible for federally-funded Medicaid. DC Medicaid uses both fee-for-service and managed care systems.	\$270	None	Income: \$260 Asset: \$2,000	None
Florida <i>No program</i>							
Georgia <i>No program</i>							
Hawaii General Assistance	Certified by a Department of Human Services medical board to be unable to engage in any substantial employment at least 30 hours/week.	60 days or more	Yes, recipients categorically eligible to receive federally funded managed care Medicaid benefits.	\$300	None	Income: \$300 Asset: \$2,000	Yes. Recipients can be sanctioned for not complying with treatment for substance abuse, mental health, or disability.
Idaho <i>No program</i>							
Illinois General Assistance/ Transitional Assistance <i>Varies by county; details are based on the state-administered program in Chicago</i>	Medically certified as unemployable due to temporary illness or incapacity.	None	Yes. Fee for service. Less comprehensive coverage than Medicaid. Does not cover any hospital-based services.	\$100	None, except for homeless individuals (6-month limit).	Income: \$100 Asset: \$2,000	None
Indiana <i>No program (county programs required by state but locally funded)</i>							
Iowa <i>No program (county programs required by state but locally funded)</i>							
Kansas General Assistance <i>Similar to GA-X</i>	Physical or mental disabilities that inhibit an individual from performing any gainful employment.	12 months or more	Yes, either federally funded Medicaid or state-funded medical assistance is provided. Both managed care and fee-for-service options available.	\$100	12 or 24 months depending category of eligibility. Can be extended if final SSI decision is pending.	Income: \$674 Asset: \$2,000	None
Kentucky <i>No program</i>							
Louisiana <i>No program</i>							
Maine <i>No program (local programs required by state but locally funded)</i>							

Appendix: State General Assistance Programs

State/ Program Name	Definition of Incapacity*	Duration of Incapacity	Medical	Cash Grant (maximum)	Time Limits	Income/ Asset Limits**	Treatment*** Requirements
Maryland Temporary Disability Assistance Program	Medically certified disability that prevents applicant from working.	3 months or more	Yes, TDAP recipients categorically eligible for Adult Primary Care, a managed care program of basic clinical assistance.	\$185	9 months out of a 36 month period.	Income: \$185 Asset: \$1,500	Recipients required to undergo screening and participate in treatment, if referred.
Massachusetts Emergency Aid to Elders, Disabled, and Children	Medically certified disability that substantially reduces or eliminates applicant's ability to support her/himself.	60 days or more	Yes. EAEDC recipients categorically eligible for basic coverage under MassHealth, state- and federally funded Medicaid. Can be fee-for-service or managed care; majority is managed care.	\$303.70	None	Income: \$303.70 Asset: \$250	Treatment is covered under MassHealth, but is not required.
Michigan State Disability Assistance	Medically certified disability as determined by the State Medical Review Unit.	None	Yes, recipients eligible for federally-funded Medicaid or more basic clinical coverage through the Adult Medical Program, a managed care system.	\$269	None	Income: \$269 Asset: \$3,000	Treatment is available but not required.
Minnesota General Assistance	Medically certified permanent or temporary illness, injury, or incapacity which prevents the person from obtaining or retaining employment.	30 days or more	Recipients eligible for General Assistance Medical Care. Includes doctor visits, hospitalizations, prescriptions, eye exams, glasses, and dental care. Begins as fee-for-service program until recipients choose a managed care plan. Program expected to end in March, 2010.	\$203	None	Income: \$203 Asset: \$1,000	Treatment is required if referred for those convicted of a felony drug offense and those whose eligibility is based on a determination of chemical dependency.
Mississippi No program							

Appendix: State General Assistance Programs

State/ Program Name	Definition of Incapacity*	Duration of Incapacity	Medical	Cash Grant (maximum)	Time Limits	Income/ Asset Limits**	Treatment*** Requirements
Missouri <i>No program</i>							
Montana <i>No program</i>							
Nebraska <i>No program (county programs required by state but locally funded)</i>							
Nevada <i>No program</i>							
New Hampshire <i>No program</i>							
New Jersey General Assistance	Medically certified disability.	30 days or more	Yes, recipients automatically eligible for state-funded Medicaid. Combination of fee-for-service and managed care coverage.	\$210	5 years	Income: \$210 Asset: \$2,000	Must participate in assessment and treatment if referred. Recipients are also referred to mental health treatment if appropriate, but not required to participate.
New Mexico General Assistance	Medically certified impairment that prevents an individual from gainful employment.	30 days or more	No, but recipients often receive assistance through other state medical services if funding is available.	\$245	None	Income: \$245 Asset: \$1,500	Required to participate in treatment if referred.
New York Safety Net Assistance (All dollar amounts refer to NYC standards; actual amounts vary by region).	Program eligibility is based on income. Much of the caseload is unemployable due to temporary incapacity, according to program staff.	None	Yes, recipients automatically eligible for state-funded Medicaid. Combination of fee-for-service and managed care coverage.	\$366 (\$126 cash grant + \$215 shelter vendor payment + \$25 home energy vendor payment).	2-year time limit on basic allowance cash grant, but no time limit on vendor payments.	Income: \$356 Asset: \$2,000	Treatment required if referred. Recipient also must undergo treatment if it is later deemed necessary for the recipient's future employment.
North Carolina <i>No program</i>							
North Dakota <i>No program</i>							
Ohio Disability Financial Assistance	Person is unable to do gainful activity because of a medically determinable physical or mental impairment.	9 months or more	No, except those with disability of 12+ months qualify for federally funded Medicaid, and are required to enroll in a managed care plan.	\$115	None	Income: \$115 Asset : \$1,000	None
Oklahoma <i>No program</i>							
Oregon <i>No program</i>							

Appendix: State General Assistance Programs

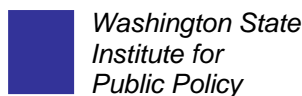
State/ Program Name	Definition of Incapacity*	Duration of Incapacity	Medical	Cash Grant (maximum)	Time Limits	Income/ Asset Limits**	Treatment*** Requirements
Pennsylvania General Assistance	Medically certified inability to work due to a temporary or permanent disability.	None	Yes, recipients also receive state-funded Medicaid assistance, generally a managed care system.	\$215	None, except for chemically dependent individuals and domestic violence victims (9-month limit).	Income: \$215 Asset: \$250	Those for whom substance abuse is a primary or secondary factor may be required to participate in treatment.
Rhode Island General Public Assistance	Medically certified illness, injury, or medical condition that prevents a person from doing any work. Condition can be based on a primary diagnosis of substance abuse.	30 days or more	Yes, medical assistance is provided through state-funded fee-for-service Medicaid for those with disabilities expected to last 6 months or more.	\$200	None	Income: \$327 Asset: \$400	None
South Carolina <i>No program</i>							
South Dakota <i>No program</i>							
Tennessee <i>No program</i>							
Texas <i>No program</i>							
Utah General Assistance	A physical or mental impairment that prevents any sort of work and is certified by a doctor or psychologist.	60 days or more	No	\$261	6 months out of a 12-month period. (12 months out 60 for recipients expected to receive SSI).	Income: \$329 Asset: \$2,000	None
Vermont Emergency/ General Assistance	Under 65 and (a) unable to work in any job due to physical or emotional problems, verified by a physician or licensed practitioner, or (b) has two+ employment barriers (including age 55+; illiterate or no more than 8th-grade education; released from a mental health unit in the last 6 months; participating in a public drug or alcohol treatment program).	30 days or more	No. One-time emergency medical costs may be paid through this program according to the Medicaid fee schedule, but no ongoing benefits are provided.	\$434, mostly payments to vendors. Small amount of direct cash assistance is provided for personal needs items.	None, except for individuals in substance abuse treatment (36-month limit).	Income: \$434 Asset: \$1,500	If participation in substance abuse treatment is one of the applicant's barriers to employment, maintaining that treatment is required to continue benefits.

Appendix: State General Assistance Programs

State/ Program Name	Definition of Incapacity*	Duration of Incapacity	Medical	Cash Grant (maximum)	Time Limits	Income/ Asset Limits**	Treatment*** Requirements
Virginia (Fairfax County) General Relief	Medically certified disability that prevents employment appropriate to physical and mental abilities and training, taking into consideration home and family responsibilities which affect availability for employment.	None	No	\$220	9 months out of 12.	Income: \$0 Asset: \$1,000	None
Washington General Assistance— Unemployable	Medically certified incapacity that prevents gainful employment by reason of bodily or mental infirmity.	90 days or more	Recipients are eligible for State Medical Assistance, which is transitioning to managed care. GA-X recipients are eligible for Medicaid.	\$339	None	Income: \$339 Asset: \$1,000	None
West Virginia <i>No program</i>							
Wisconsin <i>No program</i>							
Wyoming <i>No program</i>							

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