

General Assistance: New Strategies for a Vital Program

By Stacey Schultz

Public investments in economic security ensure that everyone in the state can meet basic needs in times of financial hardship. When done well, these investments not only help people survive difficult economic times, but also provide pathways out of poverty. We all face the risk of job loss, disability, or family crisis. The public supports we have in place offer all of us some protection from falling into deep poverty or homelessness.

For Washingtonians without dependents who are disabled and not eligible for other programs, the General Assistance-Unemployable (GA-U) program provides financial assistance and medical benefits. Short term physical disability or untreated mental illness can become significant barriers to work and financial independence. GA-U is there for those who are not expected to be able to work for more than 90 days. For some, it helps to fill the gap when unemployment insurance or workers' compensation benefits have expired before longer-term disability benefits have become available.

The Governor has proposed eliminating the GA-U program to help address the \$6 billion deficit in the upcoming biennial budget.

Getting rid of GA-U would have a very detrimental effect on the people who rely on the program. At the same time, eliminating GA-U would not do away with the costs associated with the program. GA-U provides financial and medical assistance to people who have very low incomes and very serious health concerns. Elimination of this assistance will create higher costs in other areas of the state budget that will have to absorb the medical and societal impact. In fact, the state should consider making smart investments in GA-U to improve outcomes for clients and reduce costs.

To improve outcomes and save money, the state should invest in the GA-U program in the following ways:

- Provide a medical home for every GA-U client
- Expand coverage for mental health and substance abuse treatment
- Improve state facilitation of eligible GA-U clients to federal programs

GA-U at a Glance

GA-U clients range from those who suffer from physical ailments stemming from injuries to others with debilitating mental illnesses. There are 21,000 people enrolled at any given month in the GA-U program. These clients can be found in every county of the state.

Financial assistance helps clients meet immediate needs for housing, food, and other basic necessities. The stipend offered by the state is \$339 per month; an amount that has not changed since 1991 and does not account for the increased cost of living over that 18-year span.

Health issues are a primary concern for clients in the GA-U program, many of whom suffer from co-existing physical, mental, and substance abuse problems.¹ To address their health needs, GA-U clients receive health care through the Department of Social and Health Services' medical care services (MCS). This benefit provides fee-for-service coupons to GA-U recipients, with the exception of King and Pierce Counties, where they are enrolled in managed care. As of September 2008, close to 16,000 people were enrolled in GA-U medical care services. Another 4,700 people received medical assistance benefits through the state's ADATSA program, which enrolls clients based on disability due to drug or alcohol addiction.²

Most states in the nation recognize the importance of meeting this need (see Figure 1). Thirty-one states across the country have statewide GA-U programs with financial and/or medical benefits. Another nine states have GA-U programs available in some counties, but not in others. In total, only 11 states (Oregon, Wyoming, and nine Southern states) do not have comparable programs.

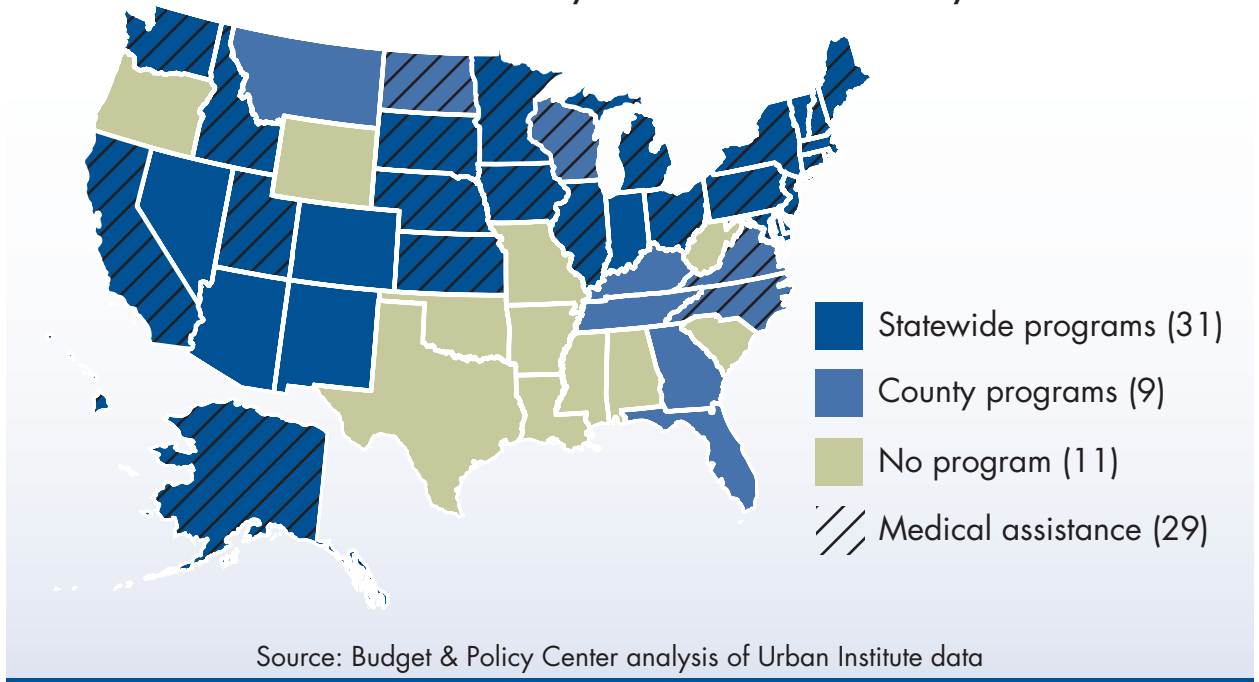
Provide a Medical Home for GA-U Clients

GA-U clients have complex, ongoing health needs. The medical benefit offered through GA-U provides another avenue for therapy besides emergency room (ER) care. Studies show that people without health insurance turn to hospital ERs for health care they could otherwise receive in a non-emergent setting.³ This is not an efficient use of resources as ER visits can cost up to four times as much as an average doctor's office visit.⁴ (In addition, health outcomes are better for people who have health insurance and can address concerns before they become serious medical conditions.⁵)

That is not to say that patients on GA-U do not also utilize hospital emergency rooms to manage their health problems. They do. Part of this is the result of the seriousness of their health concerns and partly it is due to the fragmented health care system in which they try to get served. Many health care providers do not accept the medical coupons offered by GA-U patients, and there are few support services to help them find providers who do.

Improvements can be made in the GA-U program that will lead to better outcomes for patients and cost savings. For starters, the GA-U program could establish coordinated care, sometimes called a "medical home," which allows the patient and provider to develop an ongoing health care relationship. This model has been

In Most States, GA-U Fills Gaps in Economic Security and Health Care Systems



shown to lower overall medical costs without increasing the price of coverage.

In 2004, the state began funding a pilot program through Community Health Plan of Washington in King and Pierce counties (the two with the highest concentration of GA-U clients) to establish a managed care model for health care delivery. Clients in the pilot have a single primary care provider within a Community Health Plan-contracted clinic. That provider offers health care directly or refers the client for specialty care and services. Currently over 5,600 people are enrolled in the managed care medical pilot program.

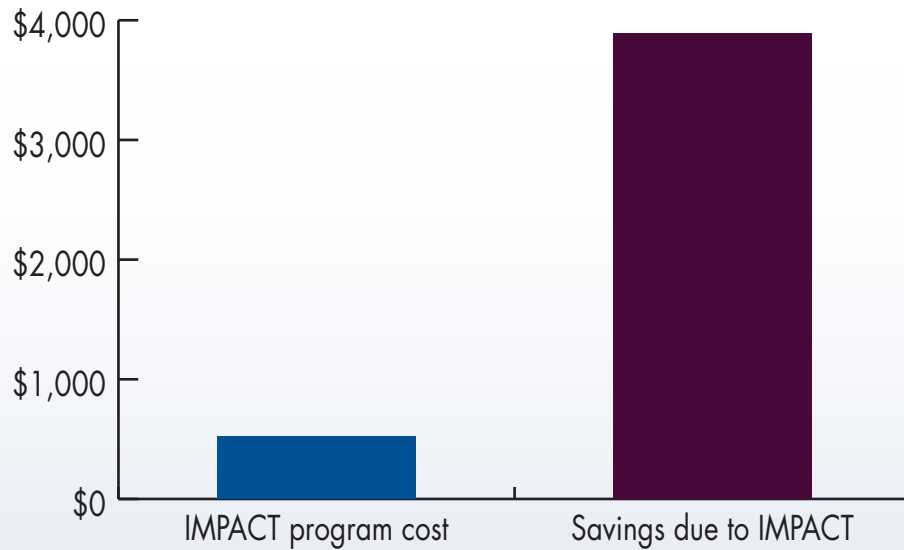
Results show GA-U clients in the pilot have had increased access to primary and specialty care. In addition, pharmaceutical spending and inappropriate use of emergency rooms have been reduced.⁶

Expand coverage for mental health and substance abuse treatment

Currently, the GA-U program does not provide comprehensive coverage for treatment of mental illness or substance abuse addiction. This can mean that GA-U clients with mental illness may not receive the proper treatment to fully address their needs when they are experiencing acute and perhaps catastrophic illness. Likewise, substance abuse treatments can be accessed through the current medical plan, but treatment programs can be hard for GA-U clients to find.

It is possible for the state to be more efficient and thorough in its coverage of people with mental health needs without increasing health care costs. In 2007, the GA-U managed care pilot program was expanded to include a more comprehensive approach to mental health care through a “stepped model” of services. Clients with more serious conditions receive care

Figure 2: Per-patient cost of IMPACT compared to medical cost savings



Source: American Journal of Managed Care, 2008

through a mental health agency for up to six months and are treated in consultation with psychiatrists. The investment in the GA-U Integration Pilot is likely to provide long term cost-savings.⁷

Research on this approach is promising. One recent study from the University of Washington of older adults with depression found long term health care costs were significantly reduced for patients who received a coordinated care management program called IMPACT as compared to patients who did not. The study showed that initial costs were higher for the group that received the mental health care, but that costs went down over time. Over a four-year period, the cost of the IMPACT program was \$522 per person, but the total cost of care went down by \$3,363 (Figure 2).

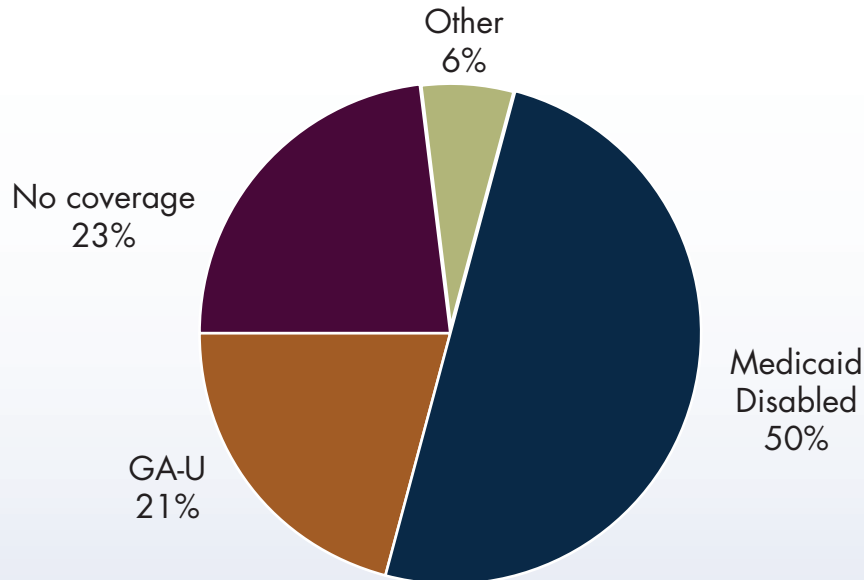
For one-third of GA-U clients, substance abuse is a co-existing condition that can drive up costs and stand

in the way of recipients resuming work. In FY 2003, GA-U clients who had a substance abuse problem were more likely than others in the program to visit an emergency room. ER visits per year jumped from an average of 2.5 among the entire GA-U population to six if the client also had mental illness and seven if the client had all three – substance abuse, physical, and mental disability.⁸

In addition, substance abuse is often a key factor in driving up arrest rates among GA-U recipients. In the ten years between FY 1997 and FY 2006, 54 percent of GA-U clients were arrested at least once. Among those, the 36 percent who had indications of substance abuse accounted for 69 percent of the ten-year arrest total, with alcohol or drug related charges in one fifth of all the crimes committed.⁹

Treatment for alcohol and drug addiction has been shown to reverse these trends. A recent study from

Figure 3: Half of FY 2003 GA-U clients transitioned to federal assistance by 2004



Source: Department of Social and Health Services, 2006

the University of Washington found that substance abuse treatment for GA-U recipients is associated with significantly reduced criminal activity compared to clients with untreated addictions.¹⁰ In particular, a large decrease in felony arrests was noted among clients who received substance abuse treatment compared with those who did not. Another study by the same research group, found that GA-U recipients who received substance abuse treatment had better employment outcomes than GA-U recipients who did not.¹¹

A recent expansion of services by the state's Division of Alcohol and Substance Abuse (DASA) found a medical cost savings of \$181 per patient per month for GA-U clients who receive treatment. Overall, the DASA analysis estimated that the total medical cost savings in the 2005-07 biennium amounted to \$2.4 million for GA-U patients, which includes the ongoing impact of increased patients served over that time.¹²

Improve state facilitation of eligible GA-U clients to federal programs

In certain cases, GA-U clients could be eligible for federal Supplemental Security Insurance (SSI) benefits, and those who are identified as such can be referred to the state General Assistance – Expedited (GA-X) program, which is federally reimbursed. Between fiscal 2003 and fiscal year 2004, half of all GA-U clients transitioned to coverage through Medicaid Disabled (Figure 3).¹³

It is not enough for the state to rely solely on federal programs to ensure the economic security and health of adults with disabilities in our state. But in order to maximize federal funding, it is crucial that GA-U recipients be accurately identified and diagnosed (or referred) if they might be eligible for federal programs. One additional benefit of the GA-U managed care pilot program has been more comprehensive patient

medical records. Among GA-U clients in the GA-U Integration Pilot, close to 250 were referred to GA-X during 2008.¹⁴

Other states have invested in SSI facilitation for GA recipients and have realized cost efficiencies. For example, Pennsylvania funds a Disability Advocacy Program which allows the state to recover about \$20 million per year in General Assistance through reimbursements for interim services provided to clients. The state transfers a portion of the amount recovered to fund legal services.¹⁵ In Minnesota, the state also invests in SSI advocacy for GA clients and saves money both in interim assistance and by lowering their caseloads.¹⁶

In addition, state facilitators should work to identify GA-U clients who are eligible for veterans' benefits through the Veterans Administration (VA). When a person receives VA payments and is also eligible for GA benefits, the VA payments are used to reduce dollar-for-dollar the amount of the GA payment.

Conclusion

General Assistance – Unemployable is a vital program that provides much needed financial and medical assistance to adults with disabilities in our state. Without this program, costs in other areas of the state budget will undoubtedly rise including use of emergency rooms for health care, programs that assist the homeless, and public safety resources. Conversely, by making smart investments in this valuable public structure, the state can save money and improve outcomes for recipients by helping people either return to the workforce or receive more comprehensive, federal long term disability benefits.

Endnotes

1. Mancuso, David, Ph.D., Nordlund, Dan, Ph.D., Felver, Barbara E.M., M.P.A., in collaboration with the Economic Services Administration and Health Recovery Services Administration. *GA-U Clients: Challenges and Opportunities, A Look at the General Assistance – Unemployable Population*. Department of Health and Human Services, Research and Data Analysis Division, Olympia, Washington, August 2006.
2. McComb, Len, Unutzer, Jurgen Ph.D., Presentation to House Human Services Committee: GA-U Integration Pilot, January 22, 2009.
3. Partnership for Medicaid: Reducing Inappropriate Emergency Room Use among Medicaid Recipients by Linking Them to a Regular Source of Care.
4. <https://www.policyarchive.org/bitstream/handle/10207/11193/WashingtonStateHealthFacts-Mar02.pdf?sequence=1>
5. McWilliams, Michael J., MD, Meara, Ellen, Ph.D., Zaslavsky, Alan M., Ph.D., Ayanian, John Z., MD, MPP. Health of Previously Uninsured Adults After Acquiring Medicare Coverage, *Journal of the American Medical Association*, 2007;298 December 26, 2007.
6. Community Health Plan of Washington, Fact Sheet: GA-U Integration Pilot, January 21, 2009.
7. Estee, Sharon Ph.D., Mancuso, David, Ph.D., Washington State Mental Health Services Cost Offset and Client Outcome Study, Washington State Department of Social and Health Services Research and Data Analysis Division, December 2003.
8. Mancuso, David, Ph.D., Nordlund, Dan, Ph.D., Felver, Barbara E.M., M.P.A., in collaboration with the Economic Services Administration and Health Recovery Services Administration. *GA-U Clients: Challenges and Opportunities, A Look at the General Assistance – Unemployable Population*. Department of Health and Human Services, Research and Data Analysis Division, Olympia, Washington, August 2006.
9. Mancuso, David, Ph.D., Nordlund, Dan, Ph.D., and Felver, Barbara E.M., MES, MPA, et al. Arrests Among Working-Age Disabled Clients, The Role of Mental Illness and Substance Abuse, Washington State DSHS Research and Data Analysis Division. September 2007.

10. Wickizer, Thomas, Ph.D., MPH, The Relationship between Chemical Dependency Treatment and Criminal Activity among Clients on General Assistance Unemployable (GA-U). October 2005 (working paper).
11. Wickizer, Thomas, Ph.D., MPH, Employment Patterns and Treatment Outcomes among Clients on General Assistance-Unemployable (GA-U) Who Received Chemical Dependency Treatment, October 2005 (working paper).
12. Mancuso, David, Ph.D., et al. Division of Alcohol and Substance Abuse Treatment Expansion, Fall 2008 Update. Washington State DSHS, Research and Data Analysis Division. October, 2008.
13. Ibid.
14. McComb, Len, Unutzer, Jurgen Ph.D., Presentation to House Human Services Committee: GA-U Integration Pilot, January 22, 2009.
15. Weishaupt, Richard, Esq. Community Legal Services, Inc. Philadelphia, PA. (email exchange)
16. Schlick, Deborah. Executive Director, Affirmative Options Coalition. Saint Paul, MN. (email exchange)