

DSHS | Arrests Among Working-Age Disabled Clients

REPORT 11.132 | The Role of Mental Illness and Substance Abuse



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THIS REPORT examines arrest outcomes among clients who receive medical coverage through the state's Medicaid Disabled or General Assistance Unemployable (GA-U) programs. These clients are known as "working-age disabled" because they are non-elderly adults who have been formally assessed to qualify for DSHS medical coverage due to a short- or long-term disability.

We find that arrests are concentrated among clients with indications of alcohol or other drug (AOD) problems. We also review research that indicates AOD treatment significantly reduces the risk of arrest among working-age disabled clients. Findings were derived from the analysis of Washington State Patrol (WSP) arrest records, Medical Assistance Medicaid Management Information System (MMIS) data, and Division of Alcohol and Substance Abuse (DASA) service records from the Treatment and Report Generation Tool (TARGET) database.

Key Findings

A significant number of working-age disabled clients are arrested in a typical year.

- Of the 98,595 FY 2006 Medicaid Disabled clients¹ studied, 9,624 clients (10 percent) were arrested at least once in FY 2006, with a total of 16,929 arrests on 26,521 different charges.
- Of the 26,450 FY 2006 GA-U clients studied, 6,014 clients (23 percent) were arrested at least once in FY 2006, with a total of 11,654 arrests on 19,008 different charges in the year.

Past-year arrests are just the "tip of the iceberg."

- Of the 98,595 FY 2006 Medicaid Disabled clients studied, 31,859 clients (32 percent) were arrested at least once in the 10-year period from FY 1997 to FY 2006. These 31,859 clients were arrested a total of 148,750 times on 227,377 different charges over the 10-year period.
- Of the 26,450 FY 2006 GA-U clients studied, 14,300 clients (54 percent) were arrested at least once in the 10-year period from FY 1997 to FY 2006. These 14,300 clients were arrested a total of 83,459 times on 133,161 different charges over the 10-year period.

Clients with AOD problems account for most arrests in the working-age disabled population.

- The 23 percent of FY 2006 Medicaid Disabled clients with recent indications of a substance abuse problem accounted for 66 percent of the 10-year arrest total in this population.
- Similarly, the 36 percent of FY 2006 GA-U clients with recent indications of a substance abuse problem accounted for 69 percent of the 10-year arrest total in this population.

Research indicates that providing AOD treatment to clients with AOD problems reduces the risk of arrest.

- AOD treatment provided to Supplemental Security Income clients (a part of the Medicaid Disabled population) with a prior criminal history reduced the risk of re-arrest by 16 percent.
- AOD treatment provided to GA-U clients reduced the risk of any arrest by 15 percent and reduced the risk of a felony arrest by 24 percent.

Policy implications for re-entry initiatives.

- Because working-age disabled clients who get arrested are at high risk for having substance use problems, screening for substance use problems and strengthening linkages to AOD treatment services should be focal points for policy initiatives concerned with improving health and public safety outcomes for persons released from state prisons and local jails.

¹ We excluded Disabled Medicaid-Medicare "dual eligibles" from the analysis. We were interested in how the risk of arrest varies with mental illness and substance abuse problems identified in clients' medical claims, and did not have access to Medicare-paid claims data to more completely identify these conditions for dually eligible clients.

The Working-Age Disabled Population

This report examines arrest outcomes among DSHS clients who receive medical coverage through the Medicaid Disabled or General Assistance Unemployable (GA-U) programs. These clients are known as “working-age disabled” because they are non-elderly adults who have been formally assessed to qualify for DSHS medical coverage due to a short- or long-term disability. Our analyses focus on:

- 98,595 clients who received DSHS medical coverage for at least one month in FY 2006 through the Medicaid Disabled program who were not “dually eligible” for Medicare.²
- 26,450 clients who received DSHS medical coverage for at least one month in FY 2006 through the GA-U program.³

Findings were derived from the analysis of linked client-level administrative data including:

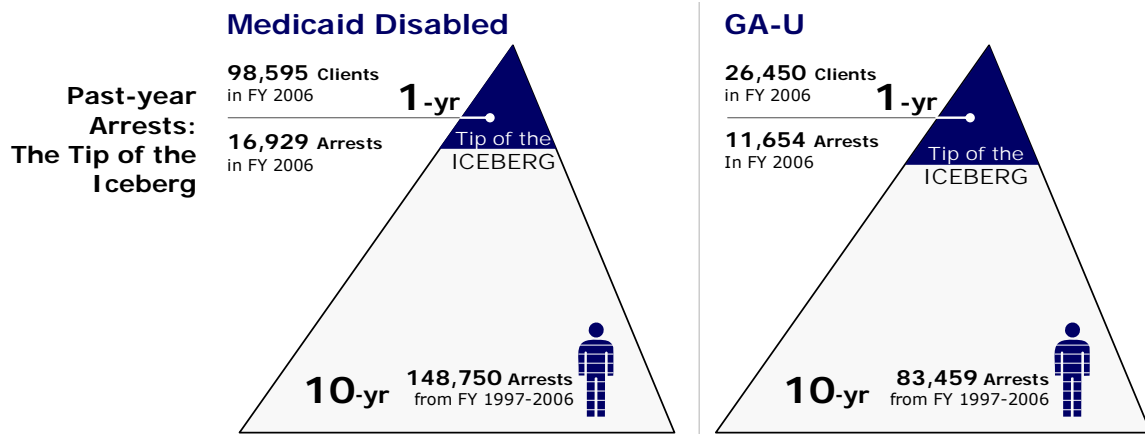
- Washington State Patrol (WSP) arrest records.
- Medical Assistance Medicaid Management Information System (MMIS) eligibility and medical claims data.
- Division of Alcohol and Substance Abuse (DASA) service records contained in the Treatment and Report Generation Tool (TARGET) database.

We found that a **significant number of Medicaid Disabled clients have recent criminal justice activity**. Of the 98,595 FY 2006 Medicaid Disabled clients studied, 9,624 clients (10 percent) were arrested at least once in FY 2006. These 9,624 clients were arrested a total of 16,929 times on 26,521 different charges.

GA-U clients have an even higher rate of recent criminal justice activity. Of the 26,450 FY 2006 GA-U clients studied, 6,014 clients (23 percent) were arrested at least once in FY 2006. These 6,014 clients were arrested a total of 11,654 times on 19,008 different charges.

However, arrests that occurred in FY 2006 are just the “tip of the iceberg.” Of the 98,595 FY 2006 Medicaid Disabled clients studied, 31,859 clients (32 percent) were arrested at least once in the previous 10 years. These 31,859 clients were arrested a total of 148,750 times on 227,377 different charges over the 10-year period.

Similarly, of the 26,450 FY 2006 GA-U clients studied, 14,300 clients (54 percent) were arrested at least once in the previous 10 years. These 14,300 clients were arrested a total of 83,459 times on 133,161 different charges over the 10-year period.



² See previous footnote.

³ There were 6,405 clients who were eligible for both Disabled Medicaid and GA-U medical coverage at different points in the fiscal year. We count those clients in both medical coverage categories. The GA-U population was identified based on clients’ medical coverage status, as opposed to their cash grant status. Due to adjustments to clients’ medical eligibility that retroactively shift some GA-U clients to Disabled Medicaid coverage, the number of clients with GA-U medical coverage tends to be somewhat smaller than the number of clients who receive GA-U cash grants.

Drug-Related Crimes, Theft, and Assault Rank High

We also examined the types of crimes working-age disabled clients were charged with in FY 2006. We found that **alcohol or drug related charges** comprised the largest single group of offenses – about one-fifth of the fiscal year total for both client groups. Although the most common single charge in this group was driving under the influence (5 percent of all charges), arrests for Uniform Controlled Substances Act (VUCSA) violations accounted for most alcohol or drug related offenses (12 percent of all charges). Violations of the VCUSA involve possession, manufacture, or delivery of illicit substances.

Theft and related offenses comprised the next largest group of offenses (about one-sixth), with the specific charge of theft accounting for the largest proportion. Other relatively common charges in this group included possession of stolen property, burglary, robbery, and taking a vehicle without permission.

Assaults and related offenses comprised the next largest group accounting for 10 percent of all charges for GA-U clients and 14 percent of all charges for Medicaid Disabled clients in FY 2006. Assault comprised the vast majority of offenses in this category.

About three-quarters of the arrest charges in the WSP database include information about the class of arrest – that is, whether the charge was a **felony or misdemeanor**. Of the charges against working-age disabled clients in FY 2006 that had an identified arrest class, about one-third were felony charges and two-thirds were misdemeanor charges.

Arrests for misdemeanor offenses tend to be underreported in the WSP database because local law enforcement agencies are generally required to report only felony and gross misdemeanor offenses. Consequently, the reader should keep in mind that this report understates the true volume of arrest events in the working-age disabled population because the WSP database excludes arrests for some misdemeanor offenses.

Drug-Related Crimes, Theft, and Assaults Account for Half of All Charges

CHARGE CLASS	Medicaid Disabled		GA-U	
	Percentage of All Charges FY 2006 <i>Total Charges = 26,521</i>		Percentage of All Charges FY 2006 <i>Total Charges = 19,008</i>	
Alcohol or Drug Related (DUI, VUCSA)	19.8%		21.4%	
Theft, Burglary, Robbery, Forgery, Fraud	16.0%		17.9%	
Assault, Harassment	13.8%		10.3%	
Parole Violation, Contempt of Court, Related Charges	8.3%		7.7%	
Trespass, Malicious Mischief, Disorderly Conduct	7.2%		6.0%	
Driver's License or Vehicle License Related	5.5%		6.7%	
Domestic Violence Related	4.6%		4.1%	
Sex Related	2.4%		1.6%	
Family Support Related	1.5%		1.3%	
Reckless Driving Hit and Run	1.4%		1.6%	
Weapons Related	1.2%		1.1%	
Homicide	0.1%		0.1%	
All other	18.1%		20.1%	
CHARGE SEVERITY				
Felony	25.8%		26.8%	
Misdemeanor	49.7%		49.2%	
Unknown	24.5%		23.7%	

AOD Problems Drive Arrest Rates

To better understand the underlying conditions that drive arrest rates in the FY 2006 working-age disabled population, we constructed indicators of mental illness and AOD problems using information available in FY 2005 and FY 2006 administrative data. We used ICD-9-CM diagnoses of mental illness in clients' medical claims to flag clients as having an indication of mental illness (see the Technical Note for more detail).

To flag clients as having an AOD problem, we used:

1. Claims diagnoses of substance abuse, dependence, or substance-induced psychosis;
2. AOD treatment or detoxification events recorded in MMIS or TARGET data; and
3. Arrests for substance-related offenses.

In the FY 2006 Medicaid Disabled population:

- 46 percent of clients had an indication of mental illness alone or in combination with an AOD problem;
- 23 percent had an indication of an AOD problem alone or in combination with mental illness; and
- 15 percent had indications of co-occurring mental illness and substance abuse problems.

GA-U clients are even more likely to have indications of an AOD problem:

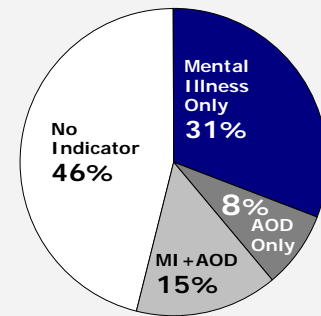
- 37 percent of clients had an indication of mental illness alone or in combination with an AOD problem;
- 36 percent had an indication of an AOD problem alone or in combination with mental illness; and
- 18 percent had indications of co-occurring mental illness and substance abuse problems.

When we examined how the risk of arrest varied with indications of mental illness and substance abuse problems, a striking pattern emerged. **Clients with an AOD problem were arrested at extremely high rates, compared to clients with no indication of an AOD problem or mental illness or who had mental illness alone.**

For example, 33 percent of Medicaid Disabled clients with an AOD problem alone were arrested in FY 2006, compared to only 5 percent of clients who had mental illness alone. Furthermore, clients with co-occurring mental illness and AOD problems were arrested **less frequently** than clients with AOD problems alone (28 percent versus 33 percent). Similar patterns were found for GA-U clients. Clearly, AOD problems were the key driver of arrests for these clients.

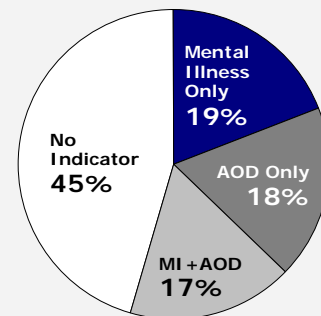
Many Have Indications of Mental Illness or AOD Problems

Medicaid Disabled



TOTAL = 98,595

GA-U



TOTAL = 26,450

Charts show proportion of clients with a **Mental Illness**, an **AOD problem**, or **both** identified in administrative data.

Clients with AOD Problems Are Most Likely To Be Arrested

FY 2006 clients, by type of disorder

	MEDICAID DISABLED			GA-U		
	Number in population	Number Arrested	Percent Arrested	Number in population	Number Arrested	Percent Arrested
Mental Illness Indicator Only	30,258	1,425	4.7% 🕒	5,113	473	9.3% 🕒
Alcohol or Drug Problem Indicator Only	7,575	2,517	33.2% 🕒	4,849	2,435	50.2% 🕒
Co-occurring Indicators (MI plus AOD)	15,150	4,171	27.5% 🕒	4,692	1,813	38.6% 🕒
No Mental Illness or AOD Indicator	45,612	1,511	3.3% 🕒	11,796	1,293	11.0% 🕒
TOTAL	98,595	9,624	9.8% 🕒	26,450	6,014	22.7% 🕒

Clients with AOD Problems Account for Most Arrests

Not only are clients with recent indications of AOD problems much more likely than other clients to have been arrested in the past year, they also account for most of the arrests in the working-age disabled population over the past 10 years.

Of the 22,725 FY 2006 Medicaid Disabled clients with an indication of a recent AOD problem, 15,957 clients (70 percent) were arrested at least once in the previous 10 years. These 15,957 clients were arrested a total of 98,188 times on 153,455 different charges over the 10-year period. Arrests among the 23 percent of Medicaid Disabled clients with a recent indication of substance abuse problem accounted for 66 percent of the 10-year arrest total in the FY 2006 Medicaid Disabled population.

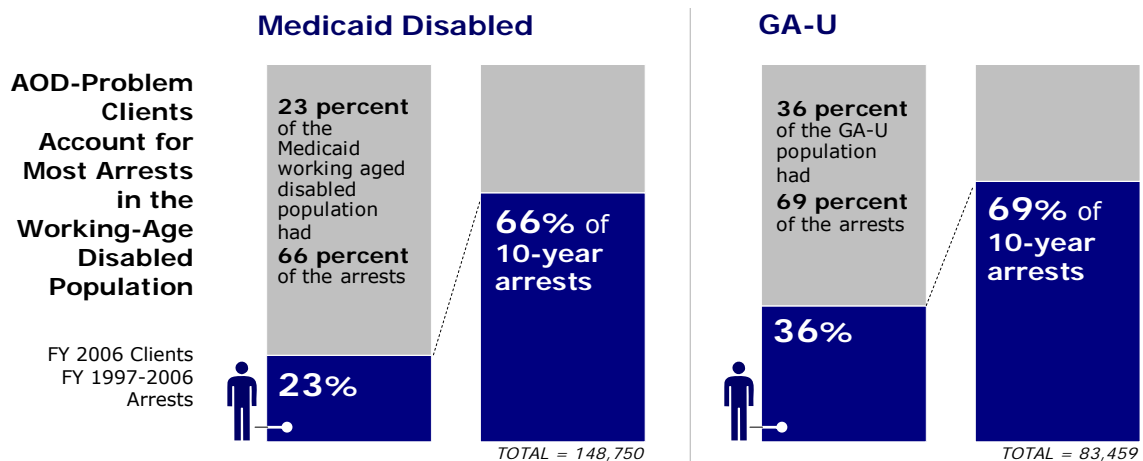
Expressed differently, **the average FY 2006 Medicaid Disabled client with an indication of a recent AOD problem had been arrested 4.3 times on 6.7 different charges over the previous 10 years.**

The results for GA-U clients are just as striking. Of the 9,541 FY 2006 GA-U clients with an indication of a recent AOD problem, 7,829 clients (82 percent) were arrested at least once in the previous 10 years. These 7,829 clients were arrested a total of 57,324 times on 92,942 different charges over the 10-year period. Arrests among the 36 percent of clients with a recent indication of substance abuse problem accounted for 69 percent of the 10-year arrest total in the FY 2006 GA-U population.

The average FY 2006 GA-U client with an indication of a recent AOD problem had been arrested 6.0 times on 9.7 different charges over the previous 10 years.

Our finding that AOD problems drive arrest rates among the working-age disabled (derived from the analysis of administrative data) parallel findings from federally funded Arrestee Drug Abuse Monitoring (ADAM) surveys. ADAM surveys have consistently found high rates of substance use and need for AOD treatment among arrestees when they are booked into jail.

For example, an arrestee survey conducted in Washington State in the mid-1990s found that a high proportion — 56 percent in Yakima County, 65 percent in King County, and 79 percent in Whatcom County — were assessed to need AOD treatment at the time of arrest.⁴ Of adult arrestees assessed as needing AOD treatment, roughly half (between 28 percent and 37 percent, depending on the site) also admitted a need for treatment. Of those who admitted they had a need for treatment, about half (between 12 percent and 20 percent, again depending on the site) said they desired and had made some attempt to obtain treatment in the year prior to their interview, but were unable to access treatment.



⁴ Rosemary Ryan, Linda Rinaldi, Sylvie McGee, Joseph Kabel, and Christopher Williams, *The Arrestee Estimates of Substance Abuse Treatment Need (ARREST) Study, Results from a survey of substance use, abuse, and need for treatment among arrestees booked in the: King County Jail, Whatcom County Jail, Yakima County Jail, King County Youth Detention Facility*. Washington State Department of Social and Health Services, Division of Research, Data and Analysis. September 1997. RDA Report Number 4.22.

AOD Treatment Reduces the Risk of Arrest

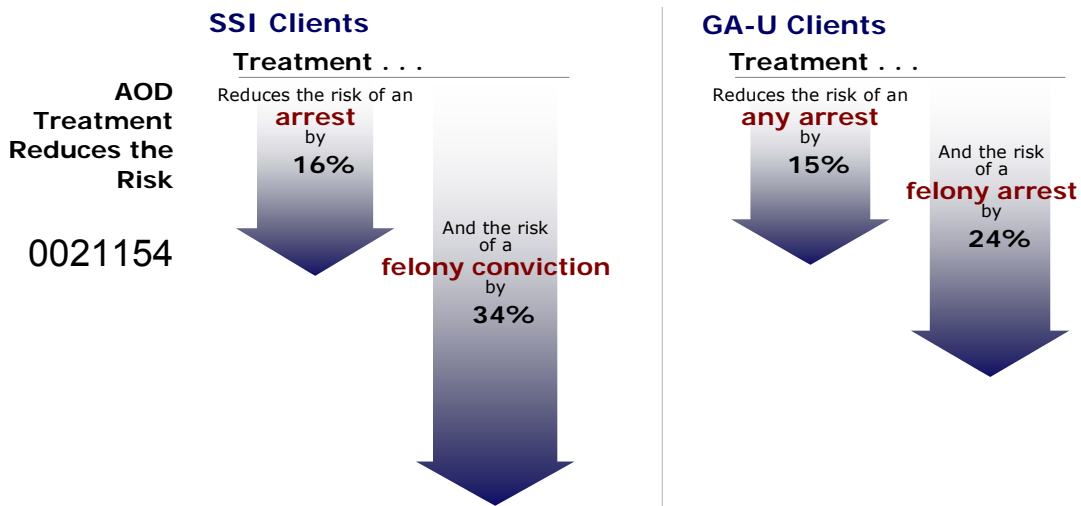
We also examined the extent to which working-age disabled clients with substance AOD problems received DASA-funded AOD treatment. Among the 22,725 FY 2006 Medicaid Disabled clients with an indication of an AOD problem, 6,888 (30 percent) received DASA treatment services in FY 2006. This percentage is commonly referred to as the AOD treatment “penetration rate.” The likelihood that a Medicaid Disabled client accessed DASA-funded AOD treatment was greater if the client had an arrest event in FY 2006; the AOD treatment penetration rate was 34 percent for Medicaid Disabled clients who were arrested in FY 2006 and 29 percent for those who were not arrested in the year.

Overall, treatment penetration in FY 2006 was slightly higher for GA-U clients than for Medicaid Disabled clients. Among the 9,541 GA-U clients with an indication of an AOD problem, 3,437 (36 percent) received DASA treatment services in FY 2006. However, GA-U clients with AOD problems who were arrested in FY 2006 were somewhat less likely to access DASA-funded treatment than their peers who did not have an arrest event (37 percent versus 34 percent).

The AOD Treatment penetration rate for Medicaid Disabled clients arrested in FY 2006 (34 percent) was higher than the comparable rate for clients arrested in FY 2003 (31 percent). Similarly, the AOD treatment penetration rate for arrested GA-U clients increased from 29 percent in FY 2003 to 34 percent in FY 2006. This increase in treatment penetration is probably associated with both the expansion of treatment for arrestees through the Criminal Justice Treatment Act and the general expansion of treatment resources that occurred through the DASA Treatment Expansion initiative.

There is evidence that AOD treatment significantly reduces the risk of arrest and conviction among working-age disabled clients. A recent study by University of Washington professor Tom Wickizer found that AOD treatment for GA-U clients is associated with significantly reduced criminal activity, compared to clients with untreated substance abuse.⁵ AOD treatment was associated with a particularly large decrease in felony arrests – a 32 percent decline in risk, compared to an 8 percent decline for the untreated comparison group.

Another study by the DSHS Research and Data Analysis Division found that AOD treatment provided to Supplemental Security Income (SSI) clients (a part of the Medicaid Disabled population) reduced the risk of an arrest by 16 percent, reduced the risk of a conviction by 15 percent, and reduced the risk of a felony conviction by 34 percent.⁶



⁵ Wickizer, Thomas, Ph.D., M.P.H., *The Relationship between Chemical Dependency Treatment and Criminal Activity among Clients on General Assistance Unemployable (GA-U)*. October 2005 (working paper).

⁶ Estee, Ph.D., and Nordlund, Ph.D., *Washington State Supplemental Security Income (SSI) Cost Offset Pilot Project: 2002 Progress Report*. February 2003. Washington State Department of Social and Health Services, Division of Research, Data and Analysis. RDA Report Number 11.109.

Policy Considerations

This study shows that Medicaid Disabled and GA-U clients – the working-age disabled – are at relatively high risk of criminal justice involvement. This risk is overwhelmingly concentrated among clients who have indications of substance use problems. Clients with mental health problems who do not have a co-occurring indication of a substance use problem are at much lower risk of criminal justice involvement.

There has been growing recognition of the importance of coordinating transitions between criminal justice systems and social and health services delivery systems, as evidenced by the provisions of E2SHB 1290⁷ and 2SHB 1088⁸ which create expedited eligibility processes for persons eligible for DSHS services who are released from prisons, jails, and juvenile detention facilities. However, the re-entry initiatives have tended to emphasize identifying need for mental health services more than identifying need for AOD treatment.

The re-entry initiatives are being implemented at the same time that the Division of Alcohol and Substance Abuse (DASA) has received additional treatment resources targeted for Medicaid Disabled and GA-U clients through the DASA Treatment Expansion initiative. Criminal Justice Treatment Act (CJTA) resources have also expanded treatment resources for persons involved in the criminal justice system.

However, while the data indicate that there has been a measurable increase in treatment penetration among arrested Medicaid Disabled and GA-U clients since FY 2003, the new focus on reentry may create opportunities to further increase treatment rates for clients involved in the criminal justice system beyond the 34 percent penetration rate observed in FY 2006. Screening for substance use problems and the strengthening of linkages to AOD treatment services should be focal points for policy initiatives concerned with improving health and public safety outcomes for persons who are eligible for DSHS services and involved in the criminal justice system.

⁷ Chapter 503, Laws of 2005.

⁸ Chapter 359, Laws of 2007.

TECHNICAL NOTES

This report examines arrest outcomes among clients who received medical coverage through the state's Medicaid Disabled or General Assistance Unemployable (GA-U) programs in FY 2006. Findings were derived from the following data sources:

- The Research and Data Analysis Division's Client Services Database provided a common identifier for linking client information from multiple data sources.
- DASA's TARGET data system provided information on AOD treatment and detoxification services. Receipt of detoxification is used to identify need for AOD treatment and is not considered to be treatment.
- Medical claims from the Medicaid Management Information System (MMIS) provided additional AOD treatment service data not captured in TARGET. MMIS claims also provided diagnoses of mental illness and substance use disorders used to flag clients with these conditions.
- OFM Eligibility data provided MMIS-based information on clients' medical coverage.
- Arrest data from the Washington State Patrol (WSP) identified clients who had been arrested. Local law enforcement agencies are generally required to report only felony and gross misdemeanor offenses into the WSP arrest database. This report somewhat understates the full volume of arrest events in the population because our data excludes some arrests misdemeanor offenses that are not required to be reported in this database. Arrests for substance-related crimes were used to identify need for AOD treatment.

The presence of a **mental illness** was identified using the following ICD-9-CM criteria:

- Psychotic disorders: 295, 297, 298.2 - 298.99, 299
- Mania and bipolar disorders: 296.0 - 296.19, 296.4 - 296.99, 298.1 - 298.19
- Depression: 296.2 - 296.29, 296.3 - 296.39, 298.0 - 298.09, 300.4 - 300.49, 311
- Neurotic, personality and childhood psychiatric disorders: 300.2 - 300.39, 300.5 - 300.99, 301, 302, 307, 312, 313, 314.0 - 314.09, 314.2 - 314.99
- Adjustment and stress disorders: 300.0 - 300.09, 300.1 - 300.19, 308, 309

Clients were flagged as having a **need for AOD treatment** by the following criteria:

- Claims diagnoses of substance abuse, dependence, or substance-induced psychosis;
- AOD treatment or detoxification events recorded in MMIS or TARGET data; and
- Arrests for substance-related offenses.

Clients were flagged as having a **co-occurring disorder** indicator if they had both mental illness and AOD treatment need indicators.

We used **pooled FY 2005 and FY 2006 indicators** to identify the presence of mental illness and AOD treatment need in the FY 2006 study populations.

Additional copies of this paper may be obtained from: <http://www1.dshs.wa.gov/RDA/> or <http://www1.dshs.wa.gov/dasa/> or through the Washington State Alcohol/Drug Clearinghouse by calling 1-800-662-9111 or 206-725-9696 (within Seattle or outside Washington State), by e-mailing clearinghouse@adh1.org, or by writing to 6535 Fifth Place South, Seattle, Washington 98108-0243.

