

DSHS | GA-U Clients: Challenges and Opportunities



REPORT 6.54 | A Look at the General Assistance-Unemployable Population

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In collaboration with the
Economic Services Administration and Health and Recovery Services Administration



THE GENERAL ASSISTANCE-UNEMPLOYABLE (GA-U) PROGRAM is a state-funded program providing cash and medical benefits for adults without dependents who are physically or mentally incapacitated and expected to be unemployable for more than 90 days. GA-U clients form a highly mobile population whose status changes frequently as they move into other benefit programs or cycle off and on public assistance.

This report examines the 22,917 clients who received a GA-U cash grant in FY 2003. The report describes the prevalence of chronic health conditions in the GA-U population and how these conditions are related to outcomes including the frequency of emergency room (ER) visits, risk of arrest, and likelihood the GA-U client transitions to Medicaid.

Key Findings

Most GA-U clients have chronic physical conditions, mental illness, and/or substance abuse problems.

- Among FY 2003 GA-U clients, 69 percent had at least one chronic physical condition, 36 percent had a mental illness diagnosis and 32 percent had a substance abuse problem identified in available administrative records.

Many GA-U clients become eligible for Medicaid.

- Half of FY 2003 GA-U clients transitioned to Medicaid Disabled coverage by the end of FY 2004. GA-U clients with a mental illness diagnosis were most likely to make this transition, with 66 percent on Medicaid Disabled coverage by the end of FY 2004.

Mental illness and substance abuse increase frequency of ER visits.

- The average FY 2003 GA-U client had 2.5 ER visits in the two-year period spanning FY 2003 and 2004. The 16 percent of FY 2003 GA-U clients with both a mental illness diagnosis and an indication of a substance abuse problem averaged 6 ER visits over the two-year period.

Substance abuse increases risk of arrest.

- Among all FY 2003 GA-U clients, 30 percent were arrested at least once in the two-year period spanning FY 2003 and 2004. However, 55 percent of clients with an indication of a substance abuse problem were arrested at least once over the two-year period.

Medical costs account for half of DSHS spending on GA-U clients.

- In FY 2003, the average GA-U client received \$1,198 per month in DSHS services in the months they received a GA-U cash grant. Economic Services Administration expenditures averaged \$420 per client per month, including \$295 per client per month for the GA cash grant. Medical Assistance expenditures averaged \$577 per client per month – 48 percent of the total. Hospital inpatient expenditures alone accounted for \$282 per client per month – about as much as was spent on GA cash grants.

Recent research points to opportunities to improve outcomes for GA-U clients by increasing access to mental health and substance abuse treatment.

- Our findings support longstanding concerns that GA-U clients lack a medical home and access to adequate preventive care, including mental health and substance abuse treatment services. Although several initiatives have been implemented recently to address these concerns, there may be further opportunities to improve outcomes for GA-U clients by expanding access to mental health services or substance abuse treatment.

Overview of the General Assistance Program

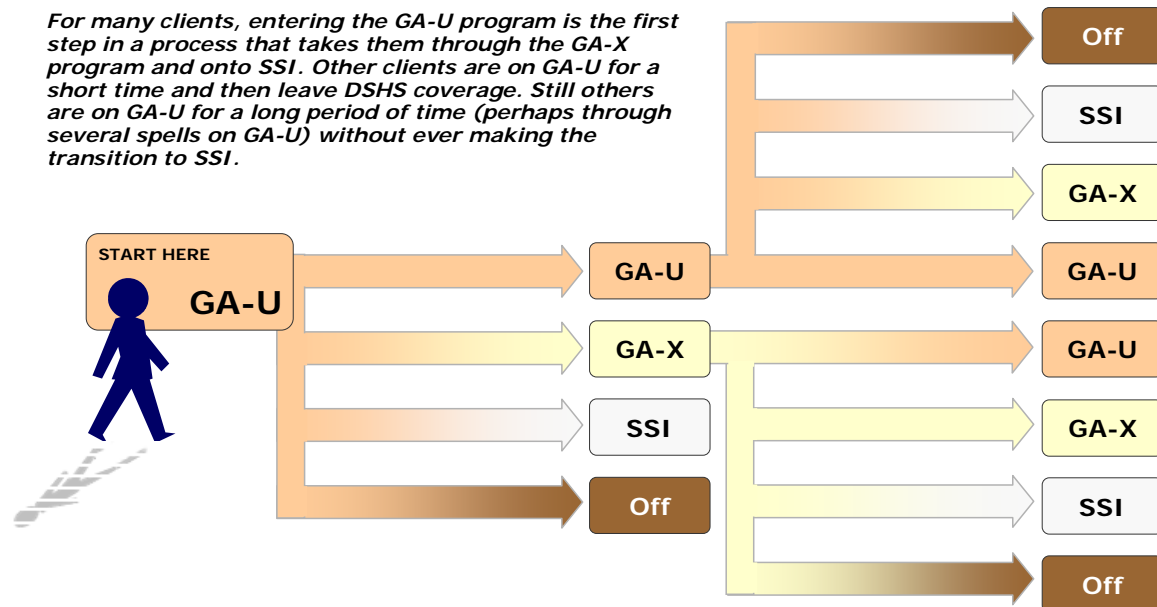
The General Assistance (GA) program administered by the DSHS Economic Services Administration (ESA) provides state-funded cash and other assistance to adults without dependents who cannot work. There are several different types of GA programs:

- The General Assistance-Unemployable (GA-U) program provides cash and medical benefits for low-income adults (age 18 to 64) without dependents who are physically or mentally incapacitated and expected to be unemployable for at least 90 days. GA-U clients are expected to return to work or become eligible for another category of benefits, such as Supplemental Security Income (SSI).
- Persons who are expected to be disabled for 12 months or more and are likely to qualify for federal disability aid under the SSI program receive aid through the General Assistance-Expedited Medicaid (GA-X) program.
- A relatively small group of individuals who are elderly, blind or disabled (GA-A, GA-B, GA-D) receive help through the GA program. These are generally refugees and legal immigrants with a long-term disability who cannot qualify for SSI benefits due to their immigrant status.
- Finally, the General Assistance-Regular (GA-R), General Assistance-Institutional (GA-I), and General Assistance-Psychiatric (GA-K) programs serve clients who are incapacitated or residing in a state mental health institution.

This report is concerned with the circumstances of clients receiving GA-U benefits – a program that has grown significantly over the past three years (see the chart on the facing page). The GA-U medical caseload¹ increased by more than 60 percent from September 2002 to April 2005, and is forecast to continue to grow over the biennium. At the same time, the State Legislature reduced funding for GA cash grants, increasing the need to find ways to reduce the GA-U caseload.

For many clients, their time on GA-U is just the first step in a process that takes them through the GA-X program and onto SSI. Other clients are on GA-U for a relatively short time and then leave DSHS medical coverage. Still others are on GA-U for a long period of time (perhaps through several spells on GA-U) without making the transition to SSI. In a follow-up report, we will examine in more detail the characteristics of clients who take different “paths” through the GA-U, GA-X, and SSI programs, to try to identify interventions that may lead to better outcomes for clients.

There are many paths through the GA-U Program



¹ The GA-U population can be defined either by their medical assistance eligibility or cash grant recipient status. The 22,917 GA-U clients examined in this report were identified based on their receipt of a GA-U cash grant in FY 2003.

Focus on the GA-U Program

This report examines the circumstances of the 22,917 clients who received a GA-U cash grant for at least one month in FY 2003. We describe the prevalence of chronic physical conditions, mental illness, and substance abuse in this population, and explore how these conditions are associated with a range of client outcomes including:

- The likelihood the client transitions to Medicaid Disabled coverage
- Emergency room (ER) visit frequency
- Risk of arrest

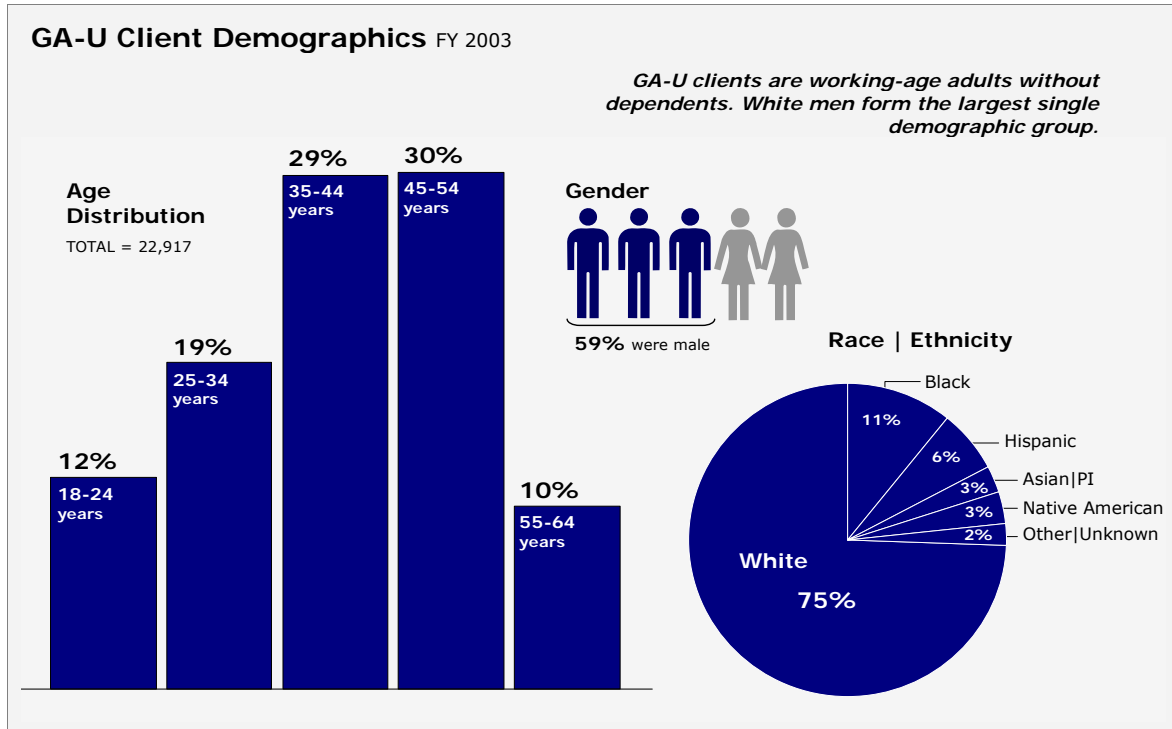
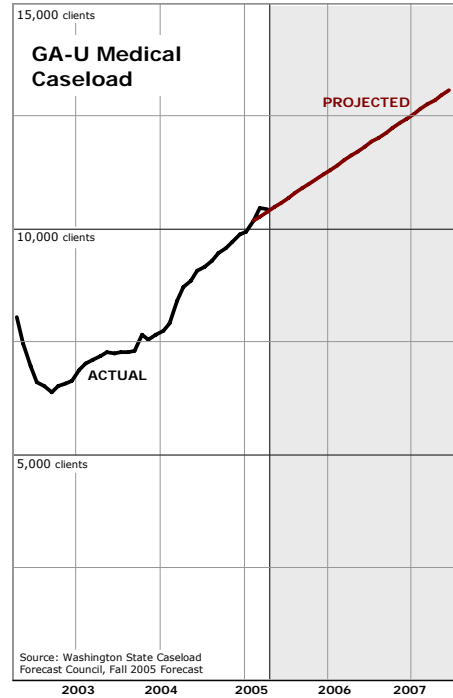
We also describe the broader pattern of DSHS service use by GA-U clients. There have been longstanding concerns that GA-U clients lack a medical home and access to adequate primary care, including mental health and substance abuse treatment, and we close by reviewing recent research to consider interventions that might improve outcomes for GA-U clients.

The analyses presented in this report use DSHS service and demographic data from the Research and Data Analysis Division Client Services Database, AOD treatment encounters from DASA's TARGET data system, medical claims from the Medicaid Management Information System (MMIS) and arrest data from the Washington State Patrol. Incapacity assessment data were not available in time for this report, but will be incorporated in future analyses.

GA-U Client Demographics

GA-U clients are working-age adults without dependents. Most GA-U clients (78 percent) were age 25-54, with only 10 percent age 55 or older and 12 percent under age 25.

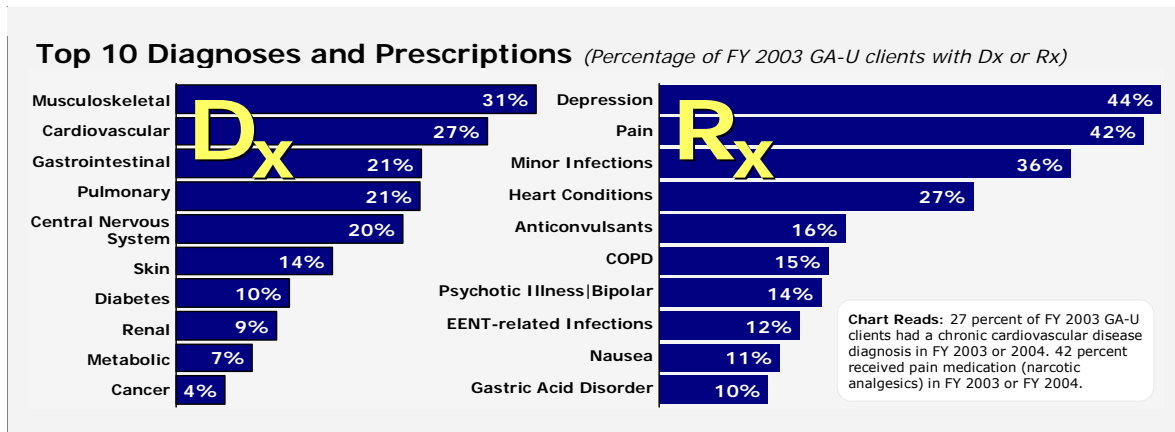
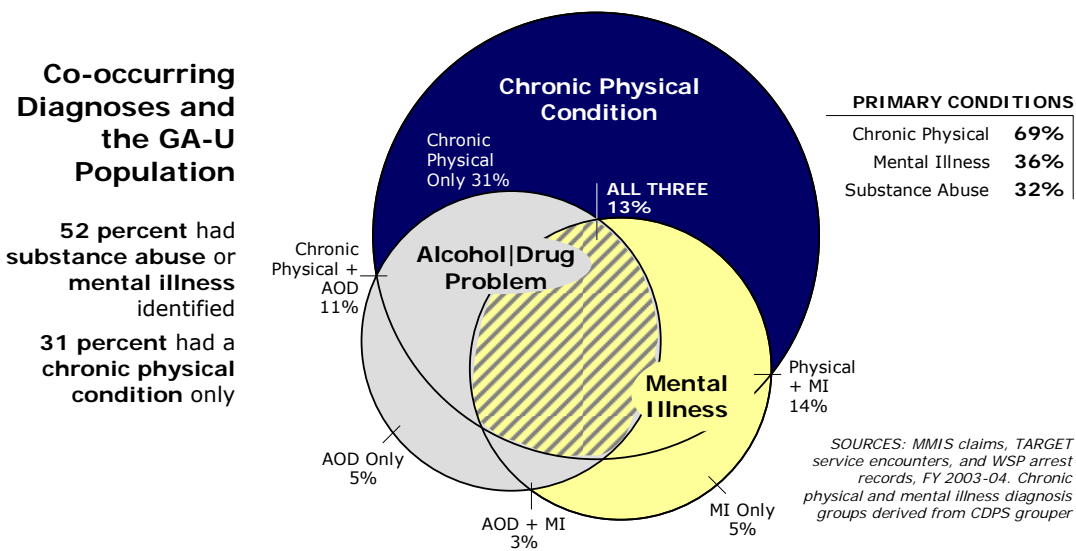
White men form the largest single demographic group on GA-U. Three-quarters of FY 2003 GA-U clients were White, and 59 percent were male.



Most GA-U clients have chronic physical conditions, mental illness, and/or substance abuse problems

We examined FY 2003 and 2004 fee-for-service medical claims, arrest records, and alcohol or other drug (AOD) treatment encounters to measure the prevalence of health problems in the study population.² GA-U incapacity assessment data were not available but will be incorporated in future analyses. It is important to note that some conditions that could qualify a client for GA-U (e.g., bone fractures) are not classified as “chronic” conditions by our diagnosis “grouper.”³ Nevertheless, we identified most clients in the FY 2003 GA-U population to have serious chronic conditions:

- 69 percent had at least one chronic physical condition, 36 percent had a diagnosis of mental illness, and 32 percent had an indication of an AOD problem.⁴
- 16 percent had **both** a diagnosis of mental illness **and** an indication of an AOD problem.
- Only 31 percent had an identified chronic physical condition **without** a co-occurring indication of a mental illness or substance abuse problem.
- The most common physical problems were musculoskeletal, cardiovascular, gastrointestinal, pulmonary, and central nervous system conditions. Many GA-U clients received anti-depressants or narcotic analgesics for pain.



² We used both FY 2003 and FY 2004 data to ensure we had sufficient administrative data to adequately identify client health conditions. Because many FY 2003 GA-U clients were on medical assistance for a small number of months in FY 2003, if we used claims data from only that fiscal year we would underestimate the true prevalence of chronic disease conditions in the FY 2003 GA-U population.

³ Chronic physical conditions were identified using the Chronic Illness and Disability Payment System (CDPS). Seventeen percent of FY 2003 clients did not have an identified chronic condition in the available administrative data.

⁴ Mental illness was identified using the CDPS psychiatric diagnosis categories. Substance abuse was identified using medical claims diagnoses of substance abuse, dependence, or substance-induced psychosis; receipt of substance abuse treatment or detoxification services; or arrest for a substance abuse related offense.

GA-U clients with mental illness are most likely to become Medicaid Disabled

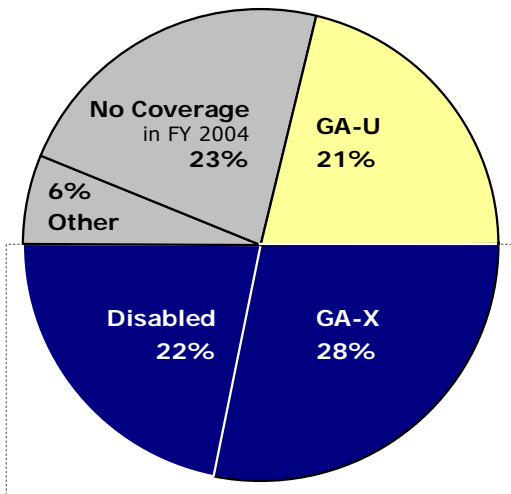
Given the prevalence of chronic illness in the GA-U population, we would expect many GA-U clients eventually to transition to Medicaid Disabled coverage. For each client in our study population, we determined their last DSHS medical coverage in FY 2004. Of the 22,917 clients who received a GA-U cash grant in FY 2003:

- 50 percent were on Medicaid Disabled coverage by the end of FY 2004.⁵ Medicaid Disabled coverage includes the GA-X, Disabled, or Blind programs.
- Only 21 percent were still on GA-U at the end of FY 2004.
- 23 percent had no DSHS medical coverage in FY 2004.
- 6 percent “other” DSHS medical coverage by the end of FY 2004 (primarily TANF-related Family Medical coverage).

The likelihood that a GA-U client transitions to Medicaid Disabled status depends on the client’s chronic disease profile. Among FY 2003 GA-U clients:

- 66 percent of clients with a diagnosis of mental illness were on Medicaid Disabled coverage by the end of FY 2004.
- 55 percent of clients with an identified chronic physical condition were on Medicaid Disabled coverage by the end of FY 2004.
- 51 percent of clients with an indication of an AOD problem were on Medicaid Disabled coverage by the end of FY 2004.
- Among clients with no identified chronic physical conditions, mental illness, or substance abuse, only 27 percent were on Medicaid Disabled coverage by the end of FY 2004.

Of clients on GA-U in FY 2003 . . .
What was their last DSHS medical coverage in FY 2004?

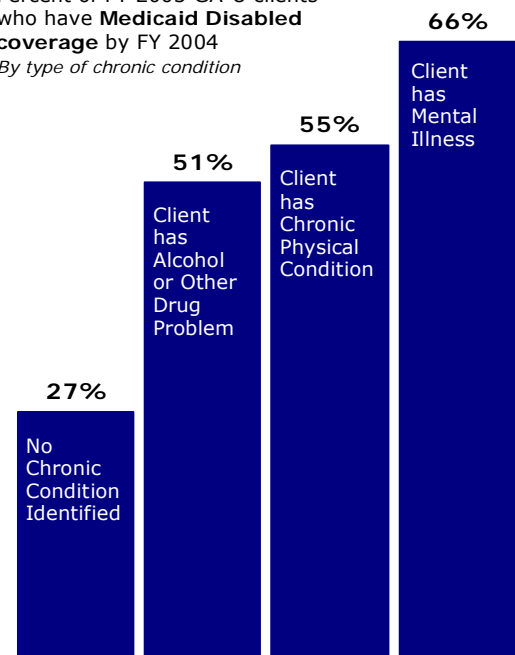


50% Medicaid Disabled

The “Medicaid Disabled” group includes clients with coverage through the Disabled, Blind, or GA-X programs.

The chance that a GA-U client transitions to Medicaid Disabled coverage depends on their disease conditions

Percent of FY 2003 GA-U clients who have **Medicaid Disabled coverage** by FY 2004
By type of chronic condition



⁵ Specifically, 50 percent of FY 2003 GA-U clients received DSHS medical assistance in FY 2004 and were last observed on “Medicaid Disabled” coverage in FY 2004. The very small number of GA-U clients who transitioned to “Aged” medical coverage were included in the “Medicaid Disabled” group. Source: DSHS Client Services Database, DSHS Client Outcomes Database, and OFM Eligibility File

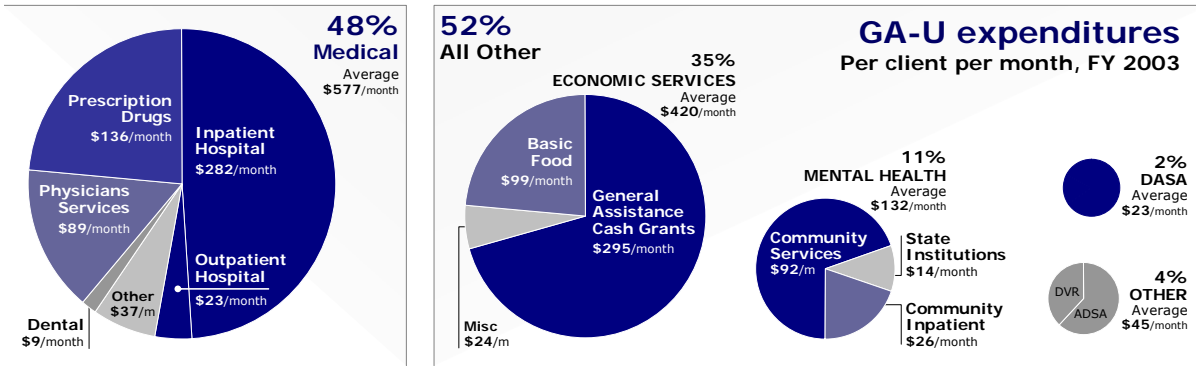
Medical costs account for half of DSHS spending on GA-U clients

In FY 2003, the average GA-U client received \$1,198 per month in DSHS services in the months they received a GA-U cash grant.⁶ Expenditures provided through the Economic Services Administration averaged \$420 per client per month, including \$295 per client per month for the GA cash grant and \$99 per client per month for food assistance.

Medical Assistance expenditures averaged \$577 per client per month, or 48 percent of total spending on DSHS services for GA-U clients. Hospital inpatient expenditures accounted for \$282 per client per month – about half of the Medical Assistance total. In other words, about as much was spent on hospital inpatient services for GA-U clients as was spent on GA cash grants.

GA-U clients also used a significant amount of Mental Health services. Mental Health Division expenditures of \$132 per GA-U client per month in FY 2003 were somewhat below the average MHD spending on working-age Medicaid Disabled clients. Community services accounted for the largest proportion of MHD spending on GA-U clients.

About 14 percent of FY 2003 GA-U clients received any DASA service in FY 2003, with 7 percent receiving DASA *treatment* services (outpatient, residential, or opiate substitution treatment). DASA expenditures averaged \$23 per client per month. We note that the 2005 Legislature increased funding for substance abuse treatment for GA-U clients beginning in FY 2006.



Client and Dollar Detail: GA-U Clients, FY 2003	CLIENTS		DOLLARS	
	Number Served FY 2003	Percent Served	Total Spent FY 2003	Per Client Per Month Receiving GA
TOTAL RECEIVING GA-U	22,917	100.0%	\$118,513,038	\$1,198
MAA Total	19,024	83.0%	\$57,111,105	\$577
Hospital Inpatient	9,743	42.5%	27,888,371	282
Hospital Outpatient	2,736	11.9%	2,233,712	23
Physicians Services	15,106	65.9%	8,783,201	89
Dental Services	2,772	12.1%	902,270	9
Prescription Drugs	16,597	72.4%	13,487,477	136
Other Services	10,432	45.5%	3,707,703	37
ESA Total	22,917	100.0%	\$41,549,189	\$420
General Assistance Cash Grant	22,917	100.0%	29,145,198	295
Basic Food Program	19,853	86.6%	9,820,732	99
ESA Miscellaneous	12,590	54.9%	2,413,526	24
MHD Total	5,075	22.1%	\$13,103,526	\$132
Community Services	4,972	21.7%	9,141,048	92
Community Inpatient	629	2.7%	2,569,574	26
State Institutions	181	0.8%	1,392,904	14
DASA Total	3,141	13.7%	\$2,298,551	\$23
Detoxification	429	1.9%	350,783	4
ADATSA Assessmnt	1,628	7.1%	321,003	3
Residential Treatment	332	1.4%	665,239	7
Outpatient Treatment	1,321	5.8%	733,502	7
Opiate Substitution Treatment	261	1.1%	125,963	1
Outpatient Assess	418	1.8%	77,018	1
DASA Miscellaneous	153	0.7%	25,043	0

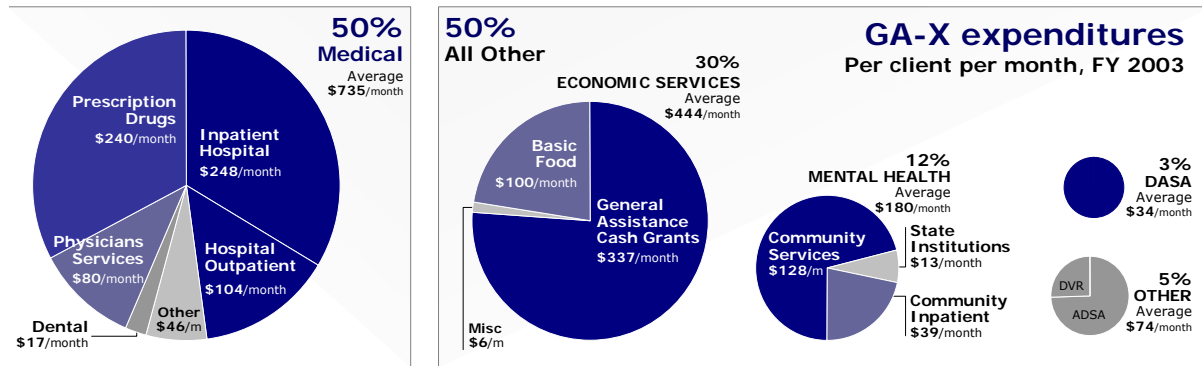
⁶ The table presents average costs per client per month receiving a GA-U cash grant. Costs are averaged over all GA-U "client months" – not just those months in which the client received a particular service. The \$1,198 total cost per client per month includes \$28 per client per month in AAS expenditures (primarily skilled nursing facility care) and \$17 in DVR expenditures not presented separately in the table. The source for expenditure data is the FY 2003 Client Services Database maintained by the DSHS Research and Data Analysis Division.

GA-U clients use more inpatient hospital services, but fewer mental health or AOD treatment services than GA-X clients

For comparison purposes, we present FY 2003 service data for GA-X clients who receive full Medicaid Disabled medical coverage because they are expected to be determined eligible for SSI. In FY 2003, the average GA-X client received \$1,467 per month in DSHS services in the months they received a GA-X cash grant.⁷ Expenditures provided through the Economic Services Administration averaged \$444 per client per month, including \$337 per client per month for the GA cash grant and \$100 per client per month for food assistance.

Although overall Medical Assistance expenditures were significantly higher for GA-X clients (\$735 per client per month) compared to GA-U clients (\$577 per client per month), hospital inpatient expenditures were lower for GA-X clients (\$248 per client per month) when compared to GA-U clients (\$282 per client per month).

GA-X clients were much more likely to receive mental health services: 44 percent of GA-X clients received some provided through the Mental Health Division, compared to only 22 percent of GA-U clients. GA-X clients were also more likely to receive some DASA treatment: 11 percent of GA-X clients received DASA treatment services (outpatient, residential, or opiate substitution treatment), compared to only 7 percent of GA-U clients in FY 2003.



Client and Dollar Detail: Presumptive SSI (GA-U), FY 2003	CLIENTS		DOLLARS	
	Number Served FY 2003	Percent Served	Total Spent FY 2003	Per Client Per Month Receiving GA
TOTAL RECEIVING GA-X	18,342	100.0%	\$175,878,232	\$1,467
MAA Total	16,573	90.4%	88,127,122	735
Hospital Inpatient	2,165	11.8%	29,739,842	248
Hospital Outpatient	10,163	55.4%	12,410,855	104
Physicians Services	13,695	74.7%	9,627,863	80
Dental Services	4,711	25.7%	2,033,048	17
Prescription Drugs	15,671	85.4%	28,746,672	240
Other Services	10,581	57.7%	5,514,041	46
ESA Total	18,342	100.0%	53,214,182	444
General Assistance Cash Grant	18,342	100.0%	40,347,749	337
Basic Food Program	16,149	88.0%	11,930,419	100
ESA Miscellaneous	4,065	22.2%	760,765	6
MHD Total	8,107	44.2%	21,590,395	180
Community Services	8,043	43.9%	15,343,179	128
Community Inpatient	667	3.6%	4,641,425	39
State Institutions	153	0.8%	1,605,791	13
DASA Total	2,460	13.4%	4,086,587	34
Detoxification	465	2.5%	589,130	5
ADATSA Assessment	698	3.8%	141,619	1
Residential Treatment	366	2.0%	855,075	7
Outpatient Treatment	1,756	9.6%	1,627,357	14
Opiate Substitution Treatment	438	2.4%	692,204	6
Outpatient Assess	823	4.5%	143,459	1
DASA Miscellaneous	356	1.9%	37,743	0

⁷ The table presents average costs per client per month receiving a GA-X cash grant. Costs are averaged over all GA-X "client months" – not just those months in which the client received a particular service. The \$1,467 total cost per client per month includes \$55 per client per month in AAS expenditures (primarily skilled nursing facility care) and \$19 in DVR expenditures not presented separately in the table. The source for expenditure data is the FY 2003 Client Services Database maintained by the DSHS Research and Data Analysis Division.

Mental illness and substance abuse increase ER visit frequency, substance abuse increases risk of arrest

Other studies have documented the connection between mental illness and substance abuse and ER visit frequency in the broader population of disabled Medical Assistance clients.⁸ **Substance abuse and mental illness are also key drivers of ER use in the GA-U population.** Of the 22,917 clients who received a GA-U cash grant in FY 2003:

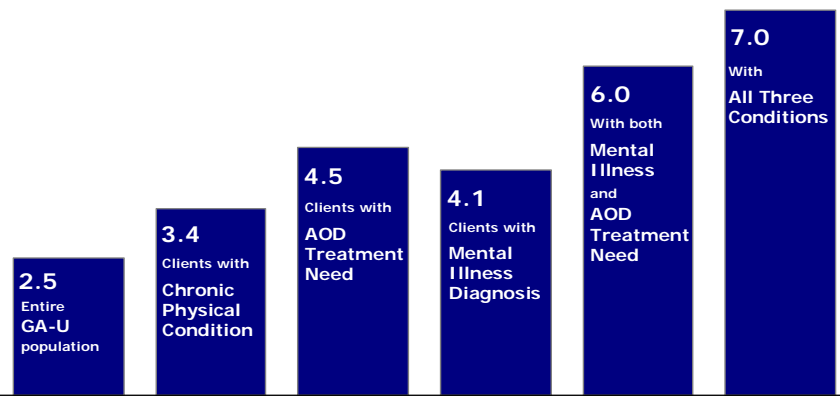
- The average client had 2.5 ER visits in the two-year period spanning FY 2003 and 2004.
- Clients with a diagnosis of mental illness averaged 4.1 ER visits.
- Clients with an AOD problem averaged 4.5 ER visits.
- Clients with **both** mental illness **and** an AOD problem averaged 6 visits.
- Clients with mental illness, an AOD problem, and chronic physical illness averaged 7 visits.

GA-U clients are arrested at high rates, relative to the broader population of disabled Medical Assistance clients. **Substance abuse is the key driver of the increased risk of arrest.** Of the 22,917 clients who received a GA-U cash grant in FY 2003:

- 30 percent of all GA-U clients were arrested at least once in the two-year period spanning FY 2003 and 2004.
- 33 percent of clients with a diagnosis of mental illness were arrested at least once in FY 2003 or 2004.
- 55 percent of clients with an indication of an AOD problem were arrested at least once in FY 2003 or 2004.

ER utilization

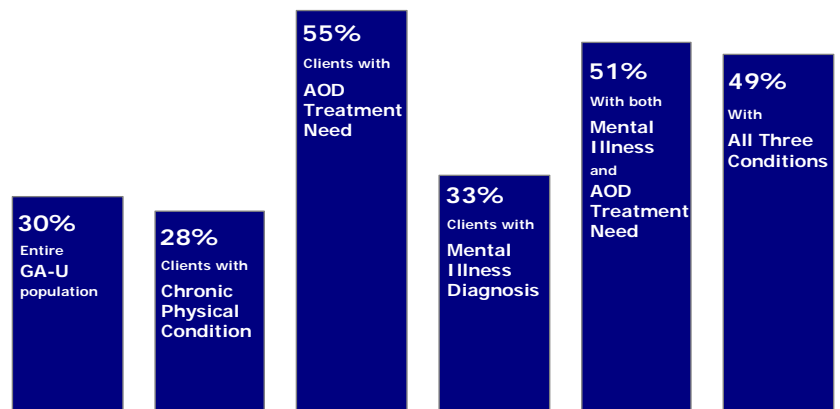
Average number of ER visits
(Pooled FY 2003-04)



SOURCES: DSHS Client Services Database, DSHS Client Outcomes Database

Arrests

Percentage with an arrest in FY 2003 or FY 2004



SOURCES: DSHS Client Services Database, DSHS Client Outcomes Database

⁸ Mancuso, David, Ph.D., Nordlund, Daniel J., Ph.D., Felver, Barbara E.M. (2004). Frequent Emergency Room Visits Signal Substance Abuse and Mental Illness. Washington State DSHS, Research and Data Analysis Division, Olympia, WA. Updated June 2004.

Opportunities to improve outcomes for GA-U clients

This study showed that most GA-U clients have chronic physical conditions, mental illness, and/or substance abuse problems and many eventually transition to the long-term Medicaid Disabled caseload. We have also shown that GA-U clients with mental illness and/or substance abuse problems are relatively frequent visitors to hospital emergency rooms, that substance abusing GA-U clients are arrested at extremely high rates, and that GA-U clients are expensive users of inpatient hospital services. These findings that support longstanding concerns that GA-U clients lack a medical home and access to adequate preventive care, including mental health and substance abuse treatment services.

Several initiatives have been implemented recently to address these concerns:

- Medical Assistance is currently testing a managed care pilot in King and Pierce counties that will give GA-U clients a “medical home.”
- The 2005 Legislature filled part of the funding “hole” created by reduced federal funding for mental health services for non-Medicaid clients.
- The 2005 Legislature expanded AOD treatment funding for GA-U clients.

However, there may be further opportunities to improve outcomes for GA-U clients by expanding access to mental health services and AOD treatment. First, even with increased state funding to backfill the loss of federal funding for mental health services for non-Medicaid clients, current funding for mental health services for GA-U clients remains below FY 2003 levels. A recent study found that mental health treatment significantly reduced medical costs for GA-U clients with mental illness, compared to GA-U clients with mental illness who remained untreated.⁹ Reduced medical costs more than offset the average cost of mental health treatment in the first follow-up year, although significant medical savings did not persist into the second year. The study also found that GA-U clients who received mental health treatment had 29 percent lower risk of death, compared to untreated GA-U clients with mental illness.

Second, although the Legislature expanded AOD treatment opportunities for GA-U clients, the additional funding to treat clients while they are on GA-U is small relative to the additional treatment resources available for these clients after they transition to the Medicaid Disabled caseload. Increasing AOD treatment resources for clients while they are on GA-U would allow earlier intervention before clients transition to the long-term Medicaid Disabled caseload.

A recent study by University of Washington professor Tom Wickizer found that AOD treatment is associated with significantly lower medical costs for GA-U clients with substance abuse problems, compared to GA-U clients whose substance abuse remains untreated.¹⁰ The reduction in medical costs from providing AOD treatment to GA-U clients was approximately equal to the cost of treatment, suggesting that “substance abuse treatment provided to [GA-U] clients yields important economic benefits that may promote cost containment within state Medicaid programs.”

A related study provides evidence that AOD treatment for GA-U clients is associated with significantly reduced criminal activity, compared to clients with untreated substance abuse.¹¹ 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. Thus, providing AOD treatment to GA-U clients may produce criminal justice cost savings and other benefits to society beyond reduced medical costs.

Finally, a third study by Dr. Wickizer found that AOD treatment improved employment outcomes for GA-U clients, compared to GA-U clients with untreated substance abuse.¹² Wickizer concludes that “CD [chemical dependency] treatment appears to promote greater economic independence and productivity for GA-U clients, especially for clients with prior work experience.” This study also showed that about a third of GA-U clients had substantial recent work experience, suggesting there may be scope for other employment-related interventions to increase earnings for GA-U clients and reduce dependence on public assistance.

⁹ Mancuso, David, Ph.D., and Sharon Estee, Ph.D., *Washington State Mental Health Services Cost Offsets and Outcomes: Technical Report*, Washington State Department of Social and Health Services, Research and Data Analysis Division, Olympia, Washington, December 2003.

¹⁰ Wickizer, Thomas, Ph.D., M.P.H., et al, *The Effect of Substance Abuse Treatment on Medicaid Expenditures and Other Health-Related Costs among Welfare Clients in Washington State*, October 2005 (working paper).

¹¹ 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).

¹² Wickizer, Thomas, Ph.D., M.P.H., *Employment Patterns and Treatment Outcomes among Clients on General Assistance Unemployable (GA-U) Who Received Chemical Dependency Treatment*, October 2005 (working paper).

TECHNICAL NOTES

This report examines the circumstances of the 22,917 clients who received a GA-U cash grant for at least one month in FY 2003. The analyses presented in this report used data from the following sources:

- The Research and Data Analysis Division Client Services Database provided: GA cash grant data; service use and expenditure data across DSHS program areas; client demographics; and a common identifier for linking client information from multiple data sources.
- DASA's TARGET data system provided information on substance abuse treatment and detoxification services.
- Medical claims from the Medicaid Management Information System provided diagnoses of chronic physical conditions, mental illness, and substance use disorders.
- OFM Eligibility data provided information on clients' medical coverage.
- Arrest data from the Washington State Patrol (WSP) identified GA-U 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. The reader should keep in mind that this report somewhat understates the true volume of arrest events in the GA-U population because our data exclude arrests for an unknown number of misdemeanor offenses that are not required to be reported.

We examined FY 2003 and 2004 fee-for-service medical claims, arrest records, and alcohol or other drug (AOD) treatment encounters to measure the prevalence of health problems in the study population. We used both FY 2003 and FY 2004 data to ensure we had sufficient administrative data to adequately identify client health conditions. Because many FY 2003 GA-U clients were on medical assistance for a small number of months in FY 2003, if we used claims data from only that fiscal year we would underestimate the true prevalence of chronic disease conditions in the FY 2003 GA-U population.

Chronic physical conditions were identified using the Chronic Illness and Disability Payment System (CDPS). It is important to note that some conditions that could qualify a client for GA-U (e.g., bone fractures) are not classified as "chronic" conditions by the CDPS diagnosis "grouper." Mental illness was identified using the CDPS psychiatric diagnosis categories. Substance abuse was identified using medical claims diagnoses of substance abuse, dependence, or substance-induced psychosis; receipt of substance abuse treatment or detoxification services; or arrest for a substance abuse related offense.

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@adhl.org, or by writing to 6535 Fifth Place South, Seattle, Washington 98108-0243.

