



Report to the Legislature

General Assistance Program Outcomes

Chapter 518, Laws of 2005, Section 207

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Background

In Washington State, General Assistance (GA) is the largest public assistance program for which the state has direct responsibility. Financed and administered by the state, the program currently provides cash and medical benefits to about 28,300 needy, disabled adults without children who do not qualify for federal Supplemental Security Income (SSI) disability benefits or who are awaiting an SSI disability decision. The program also serves aged or disabled adults (about 2,500 or 9.0 percent of the GA caseload), primarily refugees and legal immigrants who had limited eligibility or cannot qualify for SSI because they are not U.S. citizens.

The GA program has experienced growth in the last six years. The average monthly number of people on GA rose 60.2 percent, from 16,663 in state fiscal year (SFY) 2000 to 27,657 in SFY 2006. GA expenditures increased 63 percent, from \$46.6 million in SFY 2000 to \$73.9 million in SFY 2006.

However, more recent analysis of the growth trend by the Caseload Forecast Council shows that caseload growth flattened out in SFY 2006 compared to the steep upward trend between SFY 2003 and SFY 2005. The forecast for next year projects slight growth of 30,704 cases by June 2007.

The Economic Services Administration (ESA) within the Department of Social and Health Services (DSHS) administers the GA program. Policy is managed by the Division of Employment and Assistance Programs (DEAP) and the financial and social workers providing benefits and services are part of the Community Services Division (CSD). The workers administering GA are stationed in Community Services Offices (CSOs).

Under Chapter 518, Laws of 2005, Section 207, the state operating budget for the 2005-2007 biennium approved by the Washington State Legislature assumes a reduction of \$18 million for the GA program, with the following provisions:

- Gives the department the discretion to pay for mental health or chemical dependency treatment and vocational rehabilitation services when expected to help General Assistance recipients obtain employment. These services could be provided by agencies not currently funded or authorized to provide those services to department clients. Expenditures for these services and grant payments could not exceed allotted funds.
- Directs the department to refer recipients for help in becoming naturalized citizens.
- Directs the department to screen for and help people receiving GA obtain benefits from the Veterans Administration.
- Requires the department to report on the outcomes of these actions to the legislature by November first of each year, starting in 2005.

Current Practices

As required under state law, the GA program requires a person to participate in treatment or accept services from other agencies when doing so can be expected to enable the person become employable. Each person's Social Worker develops a case plan that identifies the required treatment and agencies contacts and monitors the person's participation. The referrals described in the budget provisions are among the services that the Social Workers already direct people to pursue as a condition for receiving GA benefits. However, the budget provisions contain details that focus those referrals on the expected outcome of work, while current policy expects the person to participate in whatever services the other agency makes available.

Discretion to Purchase Treatment and Vocational Rehabilitation Services

While a person's GA case plan identifies the agency with which the person must cooperate, the program usually has no control over whether the other agency has the capacity or is willing to serve the person. The budget proviso addressed this limitation and increased flexibility by allowing the department to directly purchase specific treatment services. The program appreciates having this discretion, but the instability of the caseload prevented exercising it without violating the condition that such expenditures cannot exceed available funds. We continued to refer and require people to participate in these services as available, including the enacted Senate Bill

5763 creation of the Chemical Dependency Treatment Expansion program offered by the Division of Alcohol and Substance Abuse and services from the Division of Vocational Rehabilitation.

Naturalization Services

The budget provision to give priority to GA recipients who were not U.S. citizens for naturalization services was incorporated into the department's 2005-2006 contracts. The contracts required contractors to report the results of the naturalization assessment to the referring ESA Social Worker. This was reinforced by January 2006 changes to ESA Social Services Manual making the referring Social Worker responsible to get proof that a contractor had screened the person for naturalization services. Referrals for naturalization services are not made until after the person has been in the country for at least four years because a person is not eligible to apply for citizenship until they have been a resident for five years.

While other legal entrants are barred from getting federal benefits, eligible refugees may receive SSI benefits for a maximum of seven years from the time they enter the country. Becoming a naturalized citizen is one way for SSI benefits to continue. Since 2003, ESA has conducted outreach efforts using its client and entry data. One year prior to the person reaching their seven-year limit on receiving SSI benefits, ESA sends a letter explaining the time limit and recommending the person consider naturalization. The contact information for ESA's naturalization services contractors is enclosed with the letter. A second letter is sent 45 days before SSI payments are expected to stop. The letter again recommends naturalization services. The second letter also informs the person that ESA administers cash and medical assistance programs that may be an alternative to SSI benefits and an Application for Benefits is enclosed.

This is the second year that the department increased its emphasis on referrals for naturalization services in case planning. The effectiveness of this effort is demonstrated by the fact that 338 people on GA were engaged with a naturalization services contractor during the January 2005 through March 2006 contract period, compared to 184 people for calendar year 2004. Eighty one (81) of these individuals (26%) became engaged with a contractor through a referral by their Social Worker. During the period covered by this report, 137 individuals became citizens. Similar data is not available for SFY 2004.

Veterans Administration Referrals

When a person applies for GA, the Financial Worker and Social Worker ask about Veterans Administration (VA) benefits as a source of income or a potential means to reduce the need for GA. When a person who receives VA payments is also eligible for GA, the VA payments are used dollar for dollar to reduce the amount of the GA payment. A person receiving full VA disability payments is being paid more than double the amount a person can receive from GA, so most people only get both payments because the VA has reduced their benefit to recover a prior overpayment. Data for SFY 2006 from the Automated Client Eligibility System (ACES) shows a monthly average of 51 people with VA income receiving GA as unemployable and 46 receiving GA pending an SSI decision.

In addition to the Application for Benefits, the person also completes a supplemental education, employment and health history form that includes questions about whether the person was applying for or receiving VA benefits, if the person ever received services from the VA and the person's work history for the five years prior to application, which could show that the person had served in the armed forces. The person's answers are reviewed during an intake interview with the Social Worker and any reported contacts with the VA, receipt of VA benefits and employment in the armed forces are noted.

When the person is approved for GA, the Social Worker uses the documents and interview notes to require a person apply to the Veterans Administration for payments that they are not currently receiving but have the potential to obtain or to participate in receiving treatment services available through the VA. For SFY 2006, ESA Social Workers referred an average of seven people per month to apply for VA payments.

Further analysis was done on the data from a cross match conducted by the Washington State Department of Veteran's Affairs (WSVA) described in last year's report. Only 8 out of the random sample of 500 cases were identified as eligible for VA payments and the income for all of these cases was already entered into the eligibility system and being deducted from the GA benefit.

Other Actions

While the department did not use GA grant expenditure funds to purchase treatment and rehabilitation services as allowed, ESA worked closely with the Division of Alcohol and Substance Abuse to coordinate participation in expanded chemical dependency treatment services by people receiving GA. However, chemical dependency treatment was not fully utilized because of the DASA treatment gap expansion (by enacted Senate Bill 5763), which served more GA clients than anticipated.

The Economic Services Administration also worked with the Mental Health Division and others on implementation of mental health reforms passed during the 2005 legislative session (Senate Bill 5763 and House Bill 1290), including provisions that require expedited medical determinations and timely access to medical assistance by persons with serious mental illness who are being released from confinement in a public institution, including correctional facilities and community psychiatric hospitals. For many of the applicants, eligibility for GA is their means of access to medical assistance. Implementation of the application processing required by enacted House Bill 1290 began in January 2006. From then through August 2006, 645 people have been determined eligible with 478 (74%) qualifying for Medicaid or state Medical Care Services coverage.