

Summary of Disability Lifeline Research, Information and Data
Compiled by Tatsuko Go Hollo, United Way of King County
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Survey information from permanent and transitional housing providers (April 2011):

United Way of King County contacted ten non-profit permanent and transitional housing providers to get a sense of how they might be impacted if tenants lose cash assistance. There are important distinctions between concerns from permanent housing providers and transitional housing providers. *Transitional housing* programs are very concerned about DL recipients who are in transitional housing or are waiting/searching for transitional housing. Many programs require minimum \$25 rent for units, and many also require tenants to contribute to a savings account while in the program. This will be impossible for many DL recipients whose cash grant is reduced and/or eliminated. Programs that provide *permanent housing* are concerned about long-term loss of rental income. Some providers with low numbers of DL recipients feel they might be able to absorb losses in rent for a short period of time. There is hope that some DL recipients will be able to transition to SSI, reducing losses from DL cash grant reduction/elimination. Many housing providers (both permanent and transitional) are particularly concerned about DL recipients' ability to pay for medications, utilities and other basic needs without cash assistance.

Interviews of DL recipients (April 21, 2011):

United Way of King County spoke with 20 DL recipients attending United Way's Community Resource Exchange about how they might be affected by upcoming changes to their benefits. This is what we found in interviews:

- Cash assistance is most commonly used toward: basic needs, including hygiene products (65%); transportation (45%); food (40%); and cell phone (35%).
- Cash assistance also goes toward necessities such as clothing, rent, medication and bills.
- Medical coverage is essential, but without cash assistance the ability to use medical benefits would decrease with reduced ability to pay for transportation or phone. One participant said, "If one went, the other would be a moot point."
- The majority of those interviewed had worked regularly for much of their lives.
- Many were able to pay rent when cash assistance was \$339/mo, but with cuts down to \$197/mo people have recently been forced into homelessness.
- Of those interviewed:
 - 60% were living in a shelter
 - 20% were living in a tent or on the street
 - 20% were living in permanent or transitional housing
- There is concern that further cuts to cash assistance will result in increased crime rates, as people may be forced to participate in illegal activities to get their basic needs met.

Summary of DSHS research:

Overall: GA-U clients overall have high medical expenses and frequently use inpatient hospital services. GA-U clients with mental illness or substance abuse problems frequently visit the ER. GA-U clients with substance abuse problems are arrested at high rates. However, mental health and/or substance abuse treatment has been shown to reduce medical expenses, ER visits and numbers of arrests for GA-U clients.

- Mental illness and substance abuse increase frequency of ER visits for GA-U clients.¹
- GA-U clients have high rate of arrest.²
 - 23% were arrested at least once during FY 2006.
 - 54% were arrested at least once over 10 year period (FY 1997-FY 2006).
- Substance abuse increases risk of arrest.³
 - 55% of clients with indication of substance abuse problem were arrested at least once over 2 year period (FY 2003-2004), compared to 30% of all GA-U clients.
- Medical costs were largest expense for GA-U clients in FY 2003.⁴
 - 44% of GA-X received mental health services, but only 22% of GA-U clients (although 37% have diagnosis).

Treatment of DL-U recipients significantly reduces use and cost of services as well as risky behavior.

- Mental health treatment significantly reduces medical costs for GA-U clients with mental illness.⁵
 - Those who receive treatment also have 29% lower risk of death (compared to untreated clients with mental illness).
- Similarly, substance abuse treatment reduces medical costs for GA-U clients with substance abuse problems (annual reduction in medical costs of \$2,520/person).⁶
 - Future savings to victims and criminal justice system is estimated to be \$70 million (\$18,393 per client) just for those GA-U clients that received treatment in CY 2006.⁷
 - Substance abuse treatment for GA-U clients is also associated with reduced criminal activity (compared to GA-U clients with untreated substance abuse problem).⁸
 - Substance abuse treatment also improves employment outcomes for GA-U clients (compared to GA-U clients with untreated substance abuse problem).⁹

¹ Washington State Department of Social and Health Services (DSHS). (2006). GA-U Clients: Challenges and Opportunities.

² DSHS. (2007). Arrests Among Working-Age Disabled Clients.

³ DSHS. (2006). Op. cit.

⁴ Ibid.

⁵ DSHS. (2003). Washington State Mental Health Services Cost Offsets and Outcomes: Technical Report.

⁶ DSHS. (2009). Medical Costs Decline for GA-U Clients Who Receive Chemical Dependency Treatment.

⁷ DSHS. (2009). Providing Chemical Dependency Treatment to Low-Income Adults Results in Significant Public Safety Benefits.

⁸ Wickizer, T. (2005). The Relationship between Chemical Dependency Treatment and Criminal Activity among Clients on GA-U.

⁹ Wickizer, T. (2005). Employment Patterns and Treatment Outcomes among Clients on GA-U Who Received Chemical Dependency Treatment.