

CASELOAD GROWTH IN BALTIMORE COUNTY

LISA THIEBAUD NICOLI · KARI O'DONNELL · LETITIA LOGAN PASSARELLA

The Great Recession had an enormous impact on Maryland's Temporary Cash Assistance (TCA) caseload. The number of TCA cases increased throughout the recession, reversing a 13-year trend of caseload decline (Nicoli, Passarella, & Born, 2012). Although there were close to 80,000 cases in 1995, there were only 20,725 families participating in TCA in March 2007, when the caseload bottomed out. Additionally, the composition of the TCA caseload changed, as more families who were required to participate in work activities sought assistance (Gleason, Nicoli, & Born, 2014).

One shift in Maryland's TCA caseload during the Great Recession has received little attention: Baltimore County is now the jurisdiction with the second-largest caseload, surpassing Prince George's County in 2011. Figure 1 shows the size of the caseload in these two counties, beginning with the low point in the state caseload, March 2007, and continuing to April 2014.¹ After a

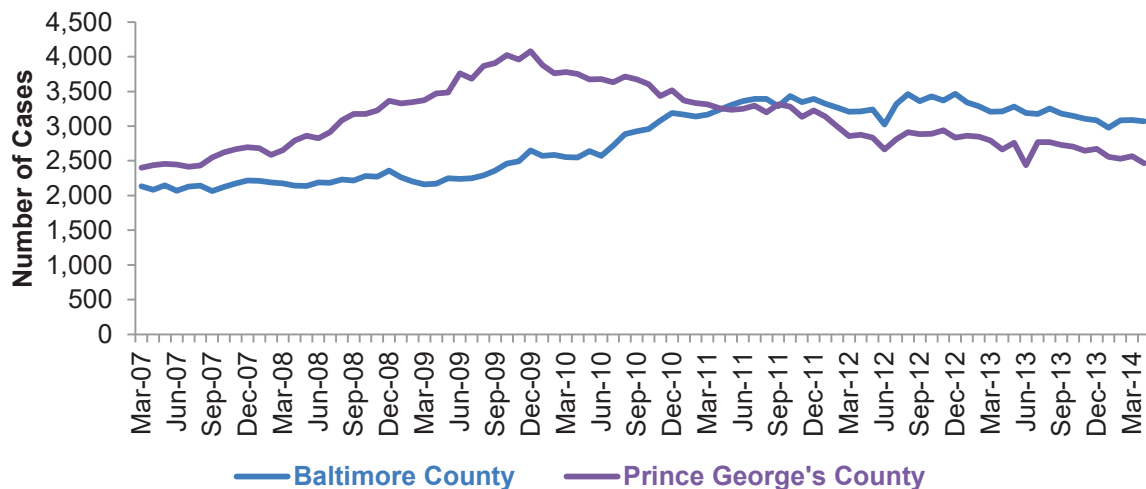
steep increase during the worst of the recession, the caseload in Prince George's County decreased steadily from December 2009 through April 2014.

In contrast, Baltimore County's caseload grew at a slower pace, and much of this growth occurred between 2009 and 2011, somewhat later than the caseload increase in Prince George's County. It is toward the end of this period, in May 2011, when the growth in Baltimore County's caseload catches up with the caseload decline in Prince George's County, and Baltimore County's caseload size exceeds Prince George's County's caseload.

What is also interesting is that this appears to be a lasting change. Since May 2011, Baltimore County has consistently had more cases than Prince George's County. There was some caseload decline in Baltimore County in 2013 and 2014, but the number of cases in Prince George's County fell during that period as well. There is no indication that Prince George's County will resume its position as the jurisdiction with the second-largest caseload.

¹ At the time of the analysis, April 2014 was the most recent month of data available.

Figure 1. Number of TCA Cases in Baltimore and Prince George's Counties
March 2007 to April 2014



Source: Maryland Department of Human Resources (2014).

In order to understand caseload growth in Baltimore County, this brief begins by examining the percentage of the statewide caseload that is located in Baltimore County, compared to Prince George's, Montgomery, and Anne Arundel counties. If these counties are increasing at similar rates, the growth in Baltimore County's caseload may have more to do with shifts in the suburban population than anything specific to Baltimore County. Next, we attempt to pinpoint which segments of the Baltimore County caseload have been growing by focusing on changes in caseload designation, and we assess whether those parts of the caseload are growing faster in Baltimore County than in the rest of the state. This helps in identifying whether, for instance, an influx of child-only cases specific to Baltimore County is responsible for the county's increased caseload.

For this brief, we include all TCA recipient cases in October of each year between 2007 and 2012 in Baltimore, Prince George's, Anne Arundel, and Montgomery counties. These data are gathered from the Client Automated Resources and Eligibility System (CARES), which is the system that Maryland uses to administer the TCA program. Because we are interested in explicating trends within one county, we do not use tests of statistical significance.

Percentage of the Statewide Caseload

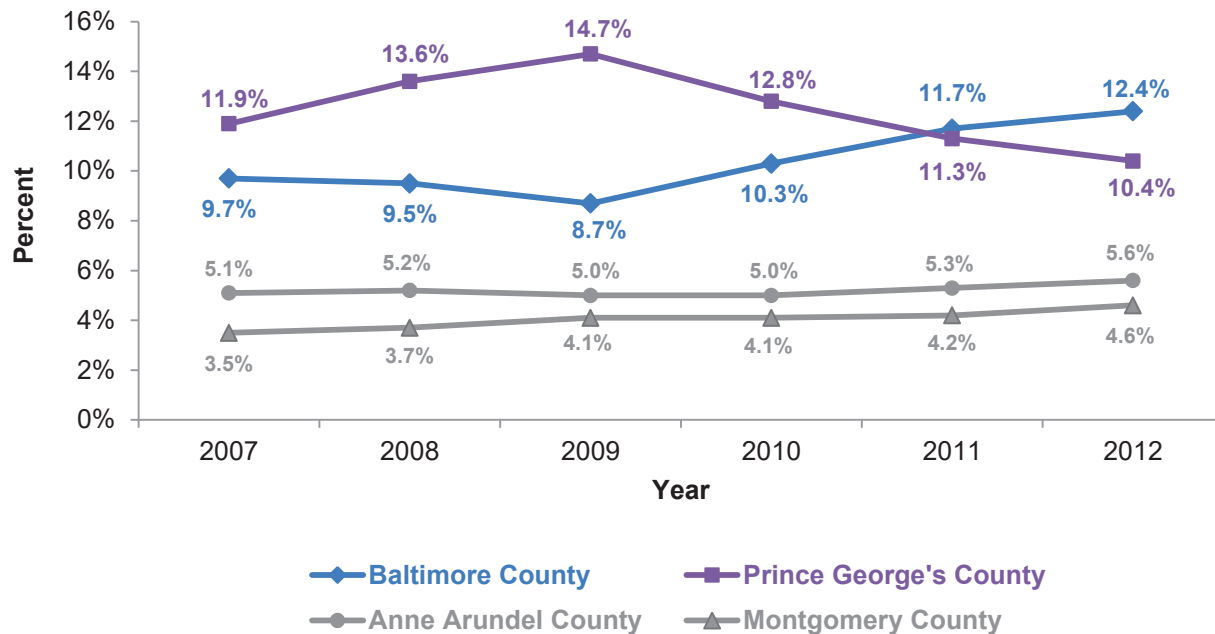
With Baltimore County becoming the jurisdiction with the second largest caseload, it may also assume a larger share of the statewide caseload. If this is the case, then trends within Baltimore County may have a greater impact on statewide trends. The county's percentage of the statewide caseload could remain stable, however, if other jurisdictions throughout the state also had similar increases in caseload size. To address this issue, Figure 2 shows the

number of cases in Baltimore, Prince George's, Anne Arundel, and Montgomery counties as a percentage of the statewide caseload from October 2007 through October 2012.

While Anne Arundel and Montgomery counties both have larger shares of the statewide caseload in 2012 than they did in 2007, there is substantial change in Baltimore and Prince George's counties. Prince George's County's share of the statewide caseload over time mirrors its trend in caseload size: it increases almost three percentage points between 2007 and 2009, then drops over four percentage points from 2009 to 2012. After starting out at just under 12% of the total state caseload in 2007, Prince George's County ends up with only 10.4% of the total state caseload by 2012.

Baltimore County, on the other hand, has a somewhat different trend in the percentage of statewide caseload than in the number of cases. While the number of cases appears to be steady or increasing throughout the 2007 to 2012 period (Figure 1), Baltimore County's percentage of the statewide caseload declines one percentage point from 2007 (9.7%) to 2009 (8.7%). Between 2009 and 2012, however, there is a consistent rise in the percentage of the statewide caseload in Baltimore County, reaching 12.4% in 2012. This means that, by 2012, Baltimore County's share of the statewide caseload is two percentage points higher than Prince George's County's share of the statewide caseload. Additionally, since 2012, the statewide caseload as a whole has been declining (Gleason, Nicoli, & Born, 2014), so if Baltimore County's caseload continues to maintain a similarly sized caseload, then its percentage of the statewide caseload will likely grow.

Figure 2. Percentage of the Statewide Caseload, 2007 to 2012



Note: Valid percentages are reported.

Caseload Designation

Now that we know Baltimore County has the second-largest share of the statewide caseload, the next step is to determine what is driving this caseload growth. Toward that end, Table 1 presents the number of cases in Baltimore County by caseload designation in October of each year from 2007 to 2012. The total caseload size in the county increased by 1,194 cases, a 61% rise over this period. Therefore, identifying the caseload designations in which growth exceeded this can help pinpoint the parts of Baltimore County's caseload that are increasing most quickly.

Caseload designations, which are divided into two overarching categories, help the state manage its caseload more effectively by classifying types of cases. The two overarching categories, work-eligible and work-exempt, denote which cases are required to participate in work activities as a condition of receiving assistance. Due to family circumstances, such as a parent who is disabled or a child who is less than 12

months old, work-exempt cases are not subject to work requirements.

Single-parent cases are responsible for a considerable share (45%) of the growth in Baltimore County's caseload in this period.

The work-eligible caseload experienced rapid growth, particularly from 2009 to 2011. The number of work-eligible cases more than doubled, from 552 in 2007 to 1,317 in 2012. The vast majority of this growth was due to traditional, single-parent cases, which had a similarly steep rise. In 2007, there were only 435 single-parent cases in Baltimore County, but, by 2012, there were 975. This increase of 540 cases is 70% of the numerical growth in work-eligible cases and 45% of the numerical growth in the entire Baltimore County caseload. Single-parent cases, then, are responsible for a considerable share of the growth in Baltimore County's caseload in this period.

Two-parent cases (786%) and cases with earnings (330%) grew quickly as well, but with such a small portion of the total caseload in the county, a three- or seven-fold increase in those designations did not greatly affect the total number of cases. Short-term disabled, legal immigrant, and domestic violence cases all increased too, but they are very small portions of the caseload as well. For example, while the legal immigrant caseload more than doubled between 2007 and 2012, there were still only 22 cases in 2012.

The work-exempt caseload in Baltimore County grew as well, albeit at a much slower pace. In 2012, the county had 1,842 work-exempt cases, up 30% from 2007. The lack of growth in child-only cases, the most common work-exempt designation, is the primary reason for more sluggish growth among work-exempt cases. Child-only cases

only increased by 13% between 2007 and 2012, which is the slowest rate of growth among all caseload designations.

Long-term disabled cases (94%) and cases in which the payee is caring for a disabled family member (96%) nearly doubled from 2007 to 2012, and these two designations, especially long-term disabled cases, are responsible for over half of the growth in the work-exempt caseload. Cases exempt from work requirements because a child under one year of age is on the case (27%) and needy caretaker relative cases (29%) increased by about the same amount as the total percentage increase in work-exempt cases (30%). Thus, the work-exempt caseload increase seems to be the result of a small increase in the child-only caseload along with a larger increase in the long-term disabled population.

Table 1. Caseload Growth in Baltimore County by Year and Caseload Designation

	2007	2008	2009	2010	2011	2012	Numerical Growth	Percent Change
Work-Eligible	552	571	658	1,093	1,374	1,317	765	139%
Single-Parent Cases	435	436	469	814	1,034	975	540	124%
Earnings Cases	30	50	64	99	136	129	99	330%
Short-term Disabled	61	53	76	96	82	104	43	70%
Legal Immigrant	10	11	10	14	29	22	12	120%
Domestic Violence	-	-	-	17	17	25	-	178%
Two-Parent Cases	-	14	32	53	76	62	-	786%
Work-Exempt	1,413	1,480	1,543	1,664	1,806	1,842	429	30%
Child-Only	886	990	967	1,004	1,051	1,005	119	13%
Child under One	232	238	251	262	313	294	62	27%
Long-term Disabled	205	163	225	284	322	397	192	94%
Caring for Disabled Family Member	45	37	50	58	64	88	43	96%
Needy Caretaker Relative	45	52	50	56	56	58	13	29%
Total	1,965	2,051	2,201	2,757	3,180	3,159	1,194	61%

Note: Counts were excluded from the table if there were fewer than 10 cases.

Percentage of the Statewide Caseload by Caseload Designation

Another way of examining caseload growth in Baltimore County is to return to a focus on the percentage of the statewide caseload in the county. This will show if the increases we discuss above are similar to what other jurisdictions in Maryland have experienced, or if Baltimore County had unusually large increases in some designations.

In terms of percentage of the statewide caseload, it is clear that Baltimore County has dramatically increased its share of work-eligible cases. As shown in Table 2, 6.5% of work-eligible clients statewide lived in Baltimore County in 2007. By 2012, that percentage rose to 12.6%, indicating that Baltimore County's work-eligible population has increased much more quickly than the work-eligible population in the rest of the state. Primarily, this appears to be the result of an influx of traditional single-parent cases, as Baltimore County's share of statewide single-parent cases almost doubles (from 6.0% to 11.9%). Earnings (4.9% to 14.3%), domestic violence (6.7% to 11.1%), and two-parent (4.8% to 13.7%) cases also have sharp increases in the percentage of state-

wide caseload, but they are small portions of both the total statewide caseload and the total Baltimore County caseload. Short-term disabled and legal immigrant cases in Baltimore County have somewhat similar shares of the statewide caseload in both 2007 and 2012.

In contrast, Baltimore County's share of work-exempt cases is almost identical in 2007 (12.1%) and 2012 (12.2%). Child-only (12.4% to 12.9%), child under one (11.8% to 12.1%), and needy caretaker relative cases (9.1% to 12.1%) all experienced small increases in terms of the percentage of the statewide caseload that is in Baltimore County. Long-term disabled cases (11.6% to 10.6%) and cases in which the payee is caring for a disabled family member (13.8% to 12.3%) both declined slightly, though. Despite the fact that there was substantial growth in Baltimore County's long-term disabled population, this growth was actually less than what jurisdictions in the rest of the state experienced. In all, this suggests that the increase in percentage of statewide caseload that is located in Baltimore County does not come from the county's work-exempt population.

Table 2. Percentage of Statewide Caseload in Baltimore County by Caseload Designation

	2007	2012
Work-Eligible	6.5% (552)	12.6% (1,317)
Single-Parent Cases	6.0% (435)	11.9% (975)
Earnings Cases	4.9% (30)	14.3% (129)
Short-term Disabled	23.2% (61)	21.3% (104)
Legal Immigrant	18.2% (10)	15.0% (22)
Domestic Violence	6.7% (-)	11.1% (25)
Two-Parent Cases	4.8% (-)	13.7% (62)
Work-Exempt	12.1% (1,413)	12.2% (1,842)
Child-Only	12.4% (886)	12.9% (1,005)
Child Under One	11.8% (232)	12.1% (294)
Long-term Disabled	11.6% (205)	10.6% (397)
Caring for Disabled Family Member	13.8% (45)	12.3% (88)
Needy Caretaker Relative	9.1% (45)	12.1% (58)

Note: Valid percentages are reported. Counts were excluded from the table if there were fewer than 10 cases.

Conclusion

Maryland's TCA caseload experienced a number of changes due to the Great Recession. The number of families receiving TCA rose for the first time since welfare reform in 1996, for example, and work-eligible clients comprised a larger portion of the caseload. One change has gone largely unnoticed, however: Baltimore County now has the second-largest caseload in the state, surpassing Prince George's County in 2011.

This change, which appears to be lasting, is the result of disproportionately large increases in the Baltimore County caseload, combined with declines in the Prince George's County caseload. Other large jurisdictions, such as Anne Arundel and Montgomery counties, have somewhat increased caseloads, but these increases are nowhere near those in Baltimore County.

To investigate what is happening in Baltimore County, we examined change in the size of Baltimore County's caseload by caseload designation from 2007 to 2012. A substantial portion of the increased caseload (45%) came from growth in traditional, single-parent families who are subject to work requirements. The remaining work-eligible caseload designations were responsible for slightly less than 20% of the increase. Moving to work-exempt caseload designations, long-term disabled cases constituted about 16% of the growth in Baltimore County's caseload. While child-only cases had the smallest rise of any caseload designation (13%), these cases are such a sizable portion of the county's caseload that their modest increase represented 10% of Baltimore County's caseload growth.

Although this approach explains changes within Baltimore County quite well, it does not address whether or not similar growth occurred throughout the state. To that end, we explored Baltimore County's percentage of the statewide caseload by caseload designation in 2007 and 2012. Traditional, single-parent cases increased across Maryland, but Baltimore County's share of statewide single-parent cases almost doubled (from 6.0% to 11.9%), suggesting that Baltimore County experienced unusually high growth in single-parent cases.

The county's share of cases with earnings, domestic violence cases, and two-parent cases also increased substantially, but there are not many cases in these designations, either within the county or across the state.

In contrast to the larger share of work-eligible cases in Baltimore County, its share of work-exempt cases remained almost identical from 2007 to 2012. Despite the growth in child-only cases, Baltimore County's share of statewide child-only cases only increased 0.5 percentage points. Even more surprising, the growth in Baltimore County's long-term disabled population was exceeded by the growth in the statewide long-term disabled population; the county's share of statewide long-term disabled cases declined by one percentage point.

It is unclear what could be causing the larger caseload in Baltimore County. Poverty in Baltimore County increased 1.4 percentage points, from 8.3% in 2008 to 9.7% in 2012, compared to a statewide increase of 2.3 percentage points (from 8.0% to 10.3%).² Prince George's County, on the other hand, actually had a considerably greater increase in poverty, from 6.5% to 10.2%, suggesting that the increase in poverty that accompanied the Great Recession cannot explain these caseload trends.

Regardless of the cause, Maryland's TCA caseload is undergoing what appears to be a significant shift, as Prince George's County's TCA population declines and Baltimore County's TCA population rises. Because Baltimore County now comprises a larger share of the statewide caseload, particularly the statewide work-eligible caseload, this has the potential to affect the entire statewide caseload. For example, due to its increased share of the work-eligible caseload, Baltimore County's diligence in meeting the federal work participation rate is even more important. As policymakers and program managers strategize about how to best help Maryland families, it is imperative to keep this shift in TCA caseload in mind.

² Poverty data based on one-year estimates from the 2012 American Community Survey, Selected Economic Characteristics, CP03 (<http://factfinder2.census.gov/>).

References

Maryland Department of Human Resources. (2014). *FIA statistical reports* [Data file]. Retrieved from http://www.dhr.state.md.us/blog/?page_id=2856.

Gleason, E., Nicoli, L., & Born, C.E. (2014). *Life on welfare: Trends in the 2012 TCA caseload*. Retrieved from University of Maryland, Family Welfare Research & Training Group website: <http://www.familywelfare.umaryland.edu/reports1/lifeon2012.pdf>

Nicoli, L.T., Passarella, L.L., & Born, C.E. (2012). *Life on welfare: Characteristics of Maryland's TCA caseload since the Great Recession*. Retrieved from University of Maryland, Family Welfare Research & Training Group website: <http://www.familywelfare.umaryland.edu/reports1/activecaseload11.pdf>

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For additional information about this research brief, please contact Dr. Lisa Thiebaud Nicoli (410-706-2763; lnicoli@ssw.umaryland.edu) or Letitia Logan Passarella (410-706-2479; llogan@ssw.umaryland.edu) at the School of Social Work.

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