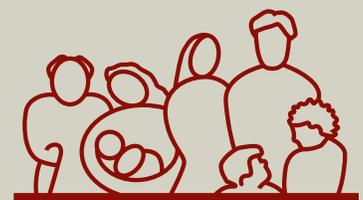


Investing in People to Save Counties Money

Best Practices for Moving People with Disabilities from General Assistance to SSI

Health Consumer Alliance September 2010



Health Consumer Alliance

HCA is a collaboration of legal services offices serving primarily low-income Californians in thirteen counties in urban and rural areas throughout the state. Services are provided at no charge to those seeking assistance.

Authors

Katherine E. Meiss

Neighborhood Legal Services of Los Angeles County

Abbi Coursolle

Western Center on Law & Poverty

Contributors

Lorraine Jones

National Health Law Program

Steve Weiss

Bay Area Legal Aid

Acknowledgements

The following members of the GA/GR-SSI Best Practices Workgroup of the Health Consumer Alliance also contributed to this report:

Chris Douglas, Staff Attorney, The Health Consumer Center of San Mateo County, Legal Aid Society of San Mateo County; Don Medearis, Staff Attorney, Bay Area Legal Aid; Michele Melden, Attorney, The Consumer Center for Health Education, Legal Aid Society of San Diego, Inc.; Carol Neidenberg, Mental Health Program Manager, The Consumer Center for Health Education and Advocacy, Legal Aid Society of San Diego, Inc.; Nancy Rimsha, Directing Attorney, Orange County Health Consumer Action Center, Legal Aid Society of Orange County; Nora Salazar-Hernandez, Central California Legal Services; Barbara Siegel, Managing Attorney, Health Consumer Center of Los Angeles, Neighborhood Legal Services; Amy Williams, Managing Attorney, Health Rights Hotline, Legal Services of Northern California.

Many thanks to all of the County Welfare Directors and County Welfare Department Staff who took the time to respond to our Public Records Act request, and to work with us over many months to gather information about your GA/GR and SSI Advocacy programs.

This study was funded through the generous support of The California Endowment.

Permission to reproduce granted only if credit is given to the authors.

September 2010

Contents

Executive Summary	1
Spending Money in All the Wrong Places	4
The SSI Application Obstacle Course	7
Best Practices & Program Design	9
Best Practices in Case Management	10
Housing and Supportive Services Make the Difference.....	10
Modest Housing Subsidies Dramatically Increase Success with SSI.....	11
Housing & Case Management Save Millions	11
Supportive Services Boost Follow Through	12
Exempt One Vehicle.....	13
Best Practices in Early Engagement	14
Engage Applicants Early	14
Reach Out & Communicate	14
Best Practices in Collaboration	16
Collaborate with Other County Agencies	16
Collaborate with Community Organizations	17
Best Practices in Building the SSI Disability Case	18
Collaborate with Medical Personnel	19
Train Advocacy & Clinical Staff.....	19
Get Medical Evaluations & Tests Early.....	20
Provide Ongoing Medical Treatment	20
Screen for Success and Target “High Cost” People.....	21
Gather Medical Records Quickly.....	22
Build Relationships with Social Security Offices & Disability Determination Services	22
Contract with Legal Experts	23
Self-Funding SSI Advocacy Projects	25
Conclusions: SSI Advocacy is a Smart Investment	27
Afterword: Letter of Support from the Corporation for Supportive Housing	28
Appendix A: Methodology	30
Appendix B: Health Consumer Alliance GA/GR to SSI Specialists	31
Endnotes	34



Executive Summary

If you were presented with an investment opportunity that had proven results of achieving over a 300% return, it would no doubt pique your interest. Imagine if that same investment could also improve the lives of some of the most vulnerable people in your community while generating significant savings for county government in health care and law enforcement costs. That would be an investment worth serious consideration.

This report compiles information that leads to the undeniable conclusion that strategically investing in SSI (Supplemental Security Income) advocacy programs with modest rent subsidies can generate millions in savings for county governments while stabilizing housing for poor residents with disabilities and dramatically improving their quality of life. Investing in such programs is fiscally prudent at a time when county governments are being forced to cut services to those who need them most. Investing in a well-designed SSI advocacy effort can increase reimbursements to counties from SSI and Medi-Cal, save counties money from decreased use of county-funded health care, jails, mental health, substance abuse, and other services, in some cases savings of millions of dollars.

More People Need Help from Counties

In today's economy, more people are having difficulty finding work. Once people exhaust their savings, unemployment, and other benefits, many have no other choice but to turn to state and county programs for support. In recent years, the burden on counties to serve their residents has increased, with the statewide GA/GR (General Assistance / General Relief) caseload exceeding 140,000 people in March 2010.¹

Counties Strapped for Cash

As counties struggle with this new economic reality, they are tempted to cut GA/GR. While such budget cuts may bring short-term relief, over time they increase the burden on other county services, especially indigent health care and jails. Ultimately, the money spent on such services will likely be greater than that saved. As detailed in this report, the community at large—counties, taxpayers, residents who are disabled, and people who are homeless—are better served when county resources are organized

Return on Investment in SSI Advocacy Project

\$5 return on every \$1
invested in San Francisco

\$3.67 return on every \$1
invested in LA County



Hidden County Costs for Homeless & GA/GR Recipients with Disabilities

\$4.34 per \$1.00 of GA/GR program costs

\$2,897/month per homeless person

County General Fund Savings from SSI Advocacy Projects*

\$8,392 per person/year

\$19 million over two years (900 participants)

Los Angeles County Department of Public Social Services

* included case management and a modest housing subsidy

to stabilize the lives of GA/GR recipients who are disabled by helping them transition to Social Security or SSI federal disability benefits. SSI advocacy and modest rent subsidies are key elements to this transition.

Counties Can Get Reimbursed for GA/GR

Helping eligible GA/GR recipients transition to SSI benefits has economic benefits for both the counties and individuals. First, when someone qualifies for SSI, the county is able to recover GA/GR, including rent subsidies paid by GA/GR, while the SSI application was pending. In most cases, the county can also recover the cost of county health care the individual received. For example, San Francisco County recovers \$5.00 for every \$1.00 invested in SSI advocacy for its GA/GR recipients.² A Los Angeles County pilot project recovered savings of \$3.67 for every \$1.00 invested.³

Greater Income & Stability for Recipients

Second, monthly SSI benefits are \$845 per month—over 3 times the amount of the average GA/GR grant of \$250. Greater income leads to greater housing stability as recipients who are disabled and homeless finally gain the means to get off the street. In addition, SSI recipients automatically qualify for Medi-Cal—ensuring better access to health care and shifting their health care costs to the state and federal government.

Counties Can Save on Hidden Costs

Finally, counties incur many other “hidden costs” for GA/GR recipients with disabilities.⁴ For example, a recent study of GA/GR recipients in Los Angeles County found that for every \$1.00 spent on a GA/GR grant, the county spent \$4.34 on other county-funded programs—over four times the grant amount—for the same individuals.⁵ These county general fund costs decrease dramatically when counties adopt well-designed SSI advocacy programs. In fact, one study estimated that an investment of \$1.00 in an SSI advocacy program netted \$3.67 in county savings.⁶

Applying for SSI is Challenging

Many GA/GR recipients, especially those who are homeless or who have severe mental disabilities, are unlikely to obtain SSI without help. The complexity of the SSI application process⁷ itself creates a significant barrier for these individuals. Thus, while GA/GR policy tends to focus on interventions for employable persons as a means to cut demand for GA/GR, recent research concludes that programs aimed at getting people with disabilities onto SSI is a better investment and yields much greater cost savings for counties.⁸

Best Practices

This report describes the best practices of such SSI advocacy initiatives from California and around the country. It represents the product of months of research and interviews to identify practices that can help California counties provide better services and stabilize their residents who are disabled while saving taxpayer dollars. The following are recommended best practices.

Active Case Management with Services

Ensure active case management and support to help GA/GR recipients with disabilities to overcome barriers to completing the SSI application, by providing:

Modest housing subsidies that increase the number of successful applications and link individuals to housing;

Transportation and other supportive services to meet the person's needs;

Case management that includes:

- Early engagement of GA/GR applicants,
- Ongoing outreach to participants, and
- Facilitating access to medical care;

Collaboration with other county departments and community-based organizations (CBOs) including contracting with SSI experts.

Robust Advocacy on SSI Applications

Advocacy practices that build the strongest case for disability benefits at the point of application include:

Collaboration with Medical Providers. Employ or collaborate with organizations who can:

- Provide up-front medical, psychological, or psychiatric evaluations and reports,
- Ensure ongoing medical treatment when needed, and
- Gather medical records;

Effective screening tools to:

- Identify those likely to qualify for SSI, and
- Target the most expensive users of county services;

Documentation of the SSI application. Collect applicants' medical, school, and vocational records quickly and efficiently;

Knowledge of the SSI program. Train staff and clinicians in SSI standards and procedures;

Working with SSI experts. Build strong working relationships and collaborations with:

- Local Social Security offices and Disability Determination Services to understand their requirements, and
- Experienced legal services providers for training, technical assistance, and representation.

Policy has tended to focus on interventions for employable persons as a means to cut demand for GR, these [research] results suggest that interventions focusing on persons identified as disabled (particularly with psychiatric disabilities) would have greater potential to make substantial reductions in the demand for services used, both on GR and on other services.

Spending Money in All the Wrong Places

During these tough economic times, county budgets are at the breaking point. More and more individuals who lose their jobs turn to GA/GR and already strained county health care systems. Currently, counties spend great sums of money to serve their residents who are poor, disabled, or homeless. One of the most obvious expenditures is 100% county-funded GA/GR grants. But many GA/GR recipients with disabilities are frequently homeless and heavy users of other county services such as health care.⁹ These and other “hidden” costs are spread across a variety of county-funded agencies including the sheriff, health, mental health, probation, and other departments.¹⁰ They strain county budgets. (See box on page 2.)

If current patterns of county spending on GA/GR recipients with disabilities were the most efficient way to address their needs, this report would be unnecessary. But recent studies reveal that county spending on GA/GR grants is neither effective in

A modest housing subsidy of \$300/month for GA/GR recipients applying for SSI, along with case management, saved Los Angeles County \$8,392 annually per participant while dramatically increasing the number of successful SSI applications.

helping individuals achieve long-term stability and self-sufficiency, nor represents the most cost-effective use of county dollars. In fact, many GA/GR recipients with disabilities on whom the county spends money across departments are entitled to receive help from the federal government through SSI. When these residents receive SSI, they are more likely to obtain stability.

Adopting an SSI advocacy program is a cost-effective way for counties to help GA/GR recipients with disabilities. SSI advocacy programs bring these residents a stable source of income and leverage federal and state moneys, while at the same time reducing the need for other county expenditures. SSI recipients are less likely to use costly health and criminal justice services than those GA/GR recipients that are homeless.¹¹ The costs of initially investing in an SSI advocacy program can be more than offset by federal and state reimbursements to counties combined with future county savings. Furthermore, by including modest housing subsidies in GA/GR grants for those receiving SSI advocacy services, counties can further reduce expenditures while achieving higher success rates with SSI applications. (See discussion on page 11.)

Counties Bear High Hidden Costs

A recent study in Los Angeles found that for every \$1.00 the county spent on GR grants, it spent another \$4.34 on those same individuals, virtually all from county general funds.¹² Los Angeles County found over half of all GR recipients were homeless.¹³ Counties incur significant costs related to homelessness. In Los Angeles, many of these costs were related to health care, in either the county health system or inmate health care provided in county jails.¹⁴ About one-third of the GR recipients in the LA study were considered “regular” outpatient users who had six or more contacts with county health providers during the period.¹⁵ Other costs

were found in the sheriff's department, mental health, jail, probation, and child abuse and foster care services.¹⁶ The study concluded that the “various measures of disability, including mental illness, are consistently and significantly associated with increased use of GR, with cost of other [county] services, and with chronic homelessness.”¹⁷

Counties with Small Caseloads Also Face Hidden Costs

The hidden costs are not limited to large urban counties like Los Angeles. In many counties the sight of individuals that are clearly disabled living on the street is both distressing and commonplace. The quality of life for GA/GR recipients with disabilities, especially those who are homeless, is very poor and, without adequate help, their prospects are bleak. Homelessness itself can cause or exacerbate health problems, with which the county health system must deal.¹⁸ Some GA/GR recipients who are homeless end up in county jail because of so-called quality of life crimes such as sleeping, camping, lying, sitting or drinking in public; acts that would not be done in public were the person not homeless.¹⁹ Sheriff and jail costs for these individuals are very high, and include the cost of inmate health care.²⁰

Even counties with lower GA/GR caseloads must absorb these hidden costs for people who are disabled and homeless. Study after study demonstrates that homelessness drains county resources.²¹ In Los Angeles County, the Economic Roundtable's study, “Where We Sleep,” studied over 10,000 single adults who were homeless and their housed counterparts. It found that people who were homeless consumed five times the county resources of formerly homeless people living in affordable housing and receiving supportive services.²² As housing stability often coincides with the receipt of SSI, county expenditures for people who are homeless significantly decrease.

The Economic Roundtable study found that the average “public” cost of a person who is homeless was \$2,897/month as compared to \$605/month for an individual in supportive housing.²³ Many of those “public” costs are direct county costs.²⁴ For those with the most severe limitations and the least connection

Even counties with lower GA/GR caseloads must absorb these hidden costs for disabled and homeless residents.



to the workforce, the costs rose to over \$8,000/month.²⁵ Public costs also grow as the person ages.²⁶ The authors of the study suggest that targeting older, more disabled, and disconnected homeless populations for services will reap the greatest rewards for counties.²⁷

County Expenditures on GA/GR Recipients Are Not Cost-Effective

If counties were spending a lot of money on GA/GR recipients with disabilities and achieving success—for example, decreased homelessness, improved health outcomes, or reduced crime—we might shrug our shoulders and say, “well, it’s expensive, but it works.” Even if counties were spending a lot of money without success, but we could not find any better way of meeting their needs, we might frown but conclude, “there’s no alternative and at least we’re keeping people alive.” But the fact is that our current system does not work, and there are better ways.

The current system does not adequately serve the needs of GA/GR recipients with disabilities—particularly those who are homeless, or at risk of homelessness, addicted, or mentally ill—or the county. Thus, the L.A. Linkages study concluded that, while “policy has tended to focus on interventions for employable persons as a means to cut demands for GR, these results suggest that interventions focusing on persons identified as disabled (particularly with

psychiatric disabilities) would have greater potential to make substantial reductions in the demand for services used, both on GR and on other services.”²⁸

In fact, the Economic Roundtable recently released a calculator tool that can assist counties in identifying the residents most likely to use county services intensively, and who could be targeted for other, more cost-effective interventions.²⁹ These are the most expensive users of county services.

SSI Advocacy Helps People & Counties

Counties, regardless of the size of their GA/GR program, can realize significant county savings by assisting GA/GR recipients with disabilities, especially those who are homeless or suffer from mental illness, to transition onto SSI and Medi-Cal. Los Angeles County estimates annual savings from its SSI advocacy pilot of over \$8,392 per person, even after offsetting the costs of the SSI advocacy program.³⁰ San Francisco estimated that one of its SSI advocacy programs generated \$5.00 for every \$1.00 invested.³¹ In 2009, Humboldt County—a smaller county—received \$619,296 in reimbursements from Social Security for GA/GR recipients whose SSI applications were approved. This SSI reimbursement represents two-thirds (67.01%) of the total amount that Humboldt spent on GA/GR grants during the same time period.³² These savings parallel those realized by SSI advocacy programs in other states.³³

This report focuses on county-run or county-contracted programs that serve GA/GR recipients with disabilities—in general, those who are categorized as “unemployable” by the counties. Many of these recipients are homeless, have mental illnesses and/or substance abuse problems. Some of the programs this report profiles are tailored to these populations rather than GA/GR recipients per se.

Effective county programs take many forms. While many are run by the county welfare departments that administer GA/GR, they may also be administered by



In 2009, Humboldt County—a smaller county—received \$619,296 in reimbursements from Social Security for GA/GR recipients whose SSI applications were approved.

health departments, mental health programs, CBOs, and even jails.

This report examines the effectiveness of a variety of these programs, the strategies they use, and recommends a series of steps that counties can take to help GA/GR recipients with disabilities to obtain SSI and Medi-Cal. These programs help people to achieve stability and to exit homelessness, and help counties to leverage state and federal funds while reducing county general fund expenditures. SSI advocacy is truly a win-win for people with disabilities, people who are homeless, and counties with strained budgets.

The SSI Application Obstacle Course

GA/GR recipients with disabilities face significant obstacles that make it very difficult for them to apply for and obtain SSI, even when they clearly qualify for it.

Mental Disabilities & Homelessness Are Formidable Barriers

GA/GR recipients with disabilities often face multiple obstacles in their own lives that may make it difficult for them to successfully complete an SSI application, even if they are clearly eligible. Many are homeless and have mental illnesses or addictions. Applicants with persistent and severe mental illnesses are extremely unlikely to apply for benefits on their own.³⁴ Other GA/GR recipients have received little formal education and may have low literacy.³⁵ Some lack the cognitive ability to complete the application. A substantial minority of GA/GR recipients speaks a language other than English.³⁶ Such individuals are likely to experience difficulties in reading and filling out an SSI application without help.

In addition, housing instability makes it very difficult for many GA/GR recipients with disabilities to file an application and follow it through. A recent study found that for every address change, the chances of filing an application for SSI fell by 17%.³⁷ Trying to find food and shelter overwhelms people who are homeless, leaving them little energy to devote to completing the SSI application process. In addition, trying to organize information, gather medical records, make phone calls, and travel between government offices is incredibly difficult for applicants who have no phone, no place to rest, and little or no money to get around.

SSI Application Is Complex & Difficult to Complete

The SSI application itself is complex; it requires applicants to provide medical and vocational evidence and to fill out questionnaires and forms that seek a dizzying variety of information on daily activities, past work, personal history, and physical and mental health conditions. Gathering medical evidence can be daunting: written evidence from doctors and psychologists, documentation of laboratory tests, treatment regimens, and records of treating physician and emergency room visits must be submitted to the Social Security Administration (SSA). Records, when they exist, may be scattered across the county, state, or



What can make the difference, at all levels of the SSI process, is assistance in compiling a record and navigating the system, combined with other supports such as housing and transportation.



country. Some hospitals or medical facilities take months to respond to record requests, and necessitate follow-up phone calls and repeated privacy waivers. Likewise, gathering information on past employers or schools, that may be far away or no longer operating, can be very difficult without help.

The SSI application process is also very lengthy and confusing. People who are probably eligible but whose applications are denied may ask for “reconsideration” of their applications. But most do not, especially those without an advocate. They think their case is over and they give up. Little do they know that most applications are successful when appealed.³⁸

Finally, SSA’s use of consultative medical examiners often results in the denial of eligible applications. The examiners are notorious for doing cursory exams that often result in negative reports that form the basis for denying the application. Unassisted applicants are at a severe disadvantage and too often fall back on repeating what they believe to be compelling, without knowledge or reference to the point at issue for the decision-makers.

SSI Advocacy Makes a Difference

What can make the difference at all levels is assistance in compiling a good application, connecting with medical providers, obtaining current evaluations from treating clinicians, and advocacy by trained, experienced staff. Other critical assistance includes help with navigating the process in combination with other supports such as housing and transportation. Experienced advocates know the standards SSA uses to decide if someone is disabled. They know the right questions to ask to jog a person’s memory and get the type of information needed to support an application. They know where and how to find medical records. They are familiar with the required forms and questionnaires, and can help applicants complete them. They are also able to represent clients whose cases need to be appealed to administrative hearings or to federal court. This assistance can help those who are eligible for SSI but who have been unable to effectively complete the application process. This assistance can also help people whose cases are complicated by lack of regular medical treatment or a history of alcohol and drug addiction.

Best Practices & Program Design

The general approach of SSI advocacy programs is to develop thorough applications, supported by sufficient medical evidence, to help individuals to qualify for SSI more easily. Instead of focusing on volume, successful programs use screening tools or targeted outreach to identify individuals whose applications are likely to succeed and invest resources to develop and manage those cases, while supporting applicants throughout what can be a lengthy process.

Below, we discuss strategies that have proven effective in identifying, developing, and managing SSI applications across the country and in California. (See Appendix A for our research methodology.) It is worth noting that CBOs, county health or mental health departments as well as social services or welfare offices run successful programs.



Four Key Elements

Because GA/GR recipients with disabilities face both personal and institutional barriers to successfully completing their SSI applications, effective SSI advocacy programs focus on engaging those barriers head-on by:

1. **Providing Housing and Effective Case Management** that engages applicants by communicating regularly and providing supportive services, like housing subsidies and case management;
2. **Engaging Applicants Early**, soon after qualifying for GA/GR;
3. **Collaborating with Others** both inside and outside county government; and
4. **Documenting the SSI Application** thoroughly by utilizing trained medical and advocacy staff to develop and gather records.

Within these broad areas, programs contain many elements, including focused coordination with other agencies, staff training that develops effective case management, supportive services like housing subsidies, and screening and medical evaluations aimed at supporting a full and complete application. We explore each of these elements drawing on the experiences of California counties and other agencies throughout the United States.

Best Practices in Case Management

Because the SSI application process is long and complex, it requires repeated contact between advocates and applicants. If an advocate is unable to contact an applicant, the advocate may have to delay submitting records, and even miss deadlines, and Social Security is more likely to require additional documentation or even its own consultative medical examination. Thus, many SSI advocacy programs cite as one of their biggest barriers to success the problem of staying in touch with a client population



The most successful SSI advocacy programs address the problem of staying in touch with clients head-on, and work hard to provide the supportive services and develop the communication techniques that will engage clients.

that is often very mobile and whose lives lack stability. The most successful programs address this problem head-on and work hard to provide the supportive services and develop the communication techniques that will engage their clients.

Two pilot programs—one in San Francisco and one in Los Angeles—emphasized this case management approach to SSI advocacy as key to significantly increasing SSI benefit awards while realizing dramatic cost savings in county expenditures in other areas. Many other programs that focus on intensive case management show similarly promising results. The key to effective case management in the SSI advocacy context appears to be five-fold:

- 1) providing housing and supportive services (such as transportation) to ensure participants' needs are met;
- 2) engaging participants early and continuing to reach out to and communicate with them throughout the process;
- 3) developing relationships with other county agencies and CBOs to effectively coordinate efforts and services;
- 4) training case managers regularly and continually to ensure they are knowledgeable and experienced; and
- 5) leveraging the legal expertise of CBOs to meet participants' needs.

Housing & Supportive Services Make the Difference

Many SSI advocacy programs stress that to help participants stay engaged in the lengthy SSI application process, a program must provide access to the services—housing, transportation, substance abuse services, or physical and mental health treatment—that meet their clients' primary needs, and enable them to engage in their SSI application process more fully.

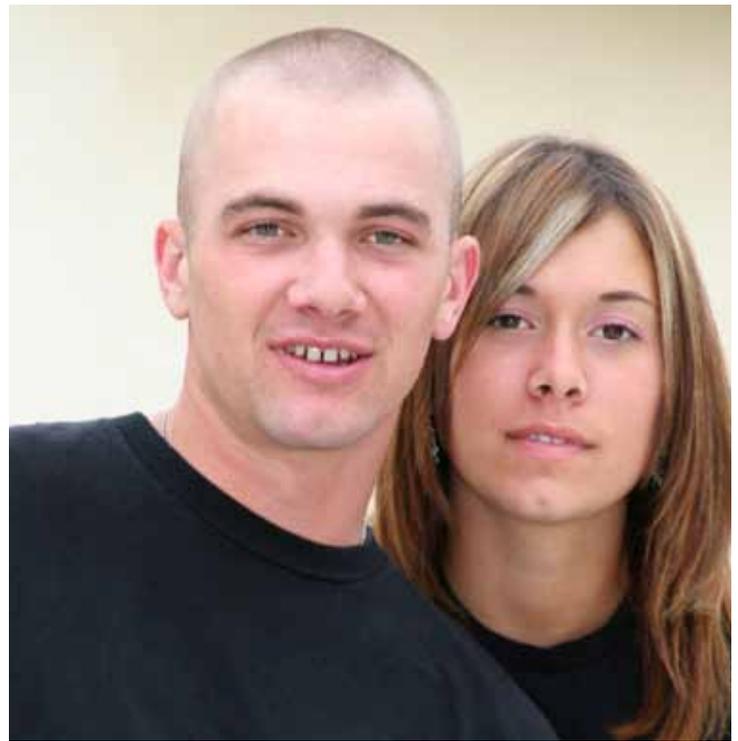
Modest Housing Subsidies Dramatically Increase Success with SSI

A recent study of a pilot program in Los Angeles County found providing housing subsidies to GA/GR recipients with disabilities improved the SSI application approval rate and generated significant county savings. The pilot program provided a modest housing subsidy (\$300 per month; recipients paid \$136) and offered case management and access to services to those who applied for SSI.³⁹ The housing voucher was considered a part of recipients' GR grant, which should have been reimbursable by SSA for those whose SSI applications were ultimately approved, but the County did not claim it. A study was conducted comparing the pilot group with a control group of similar GA/GR recipients with disabilities who did not receive a housing voucher.⁴⁰ Controlling for all other factors, the study concluded that those in the housing subsidy pilot group were 10 times more likely to apply for SSI.⁴¹ They were also 2.5 times more likely to be approved for benefits than the control group.⁴²

Having housing makes the difference. Researchers found that housing instability significantly reduced the likelihood that GA/GR participants would apply for SSI; each address change reduced the chances of applying by 17%.⁴³

The program also reduced the extent of homelessness among the pilot participants by 46%; after participation, less than 1 in 5 was homeless.⁴⁴ Importantly, the longer participants stayed in the pilot program, the less likely they were to become homeless after exiting it.⁴⁵ As noted in the study: "...the coupling of GR with the rental subsidy program dramatically enhances the positive and lasting effects of GR. In the absence of the pilot program, a larger proportion of homeless GR participants would have remained homeless for significantly longer periods of time."⁴⁶

In addition, by stabilizing participants' housing and addressing homelessness, the housing subsidy program reduced future county costs of other services dramatically.



GA/GR recipients who were disabled and received a housing subsidy were 10 times more likely to apply for SSI and 2.5 times more likely to be approved.

Housing & Case Management Save Millions

The Los Angeles County pilot program generated significant county savings in GR and other "hidden" costs—each disabled person who received a subsidy netted the county \$8,392 in cost-savings for the first year.⁴⁷

Over two years, the researchers estimate that the pilot saved the county \$21,473 per person.⁴⁸ For the County, this equaled savings of over \$19 million.⁴⁹ Since the housing voucher is fully reimbursable by SSI for those pilot participants whose application for SSI is approved, the county will also recoup part of its investment in housing subsidies.⁵⁰



The housing and case management pilot helped reduce homelessness among GR participants, increased their rate of SSI approvals, and generated considerable cost savings for the county.

In sum, the housing and case management pilot helped reduce homelessness among GR participants, increased their rate of SSI approvals, and generated considerable cost savings for the county. While beyond the scope of this paper, it is also worth noting that the housing subsidy almost doubled the rate of employment for GR recipients who were employable.⁵¹ Los Angeles is gradually expanding the housing subsidy from 900 participants to potentially reach 10,000 recipients that are employable or disabled over the next five years.

Link to Housing

Around the state, various counties employ rapid re-housing strategies⁵² to stabilize people who are chronically homeless. In Alameda County, for example, Everyone Home, which administers McKinney-Vento funds for shelters and supportive housing, has adopted the rapid re-housing strategy to house people who are chronically homeless and provide them with

supportive services.⁵³ San Francisco County has implemented a “Care Not Cash” policy that replaces some of the GA/GR cash aid with housing vouchers for some recipients. Supportive housing⁵⁴ reduces public costs for individuals who are considered the “vulnerable homeless” from \$2,897 to \$605 a month.⁵⁵ “The stabilizing effect of housing plus supportive care is demonstrated by a 79 percent reduction in public costs for these recipients.”⁵⁶

On a more modest scale, several successful programs help participants to find available housing, even if the county does not subsidize it. For example, Santa Cruz and Santa Barbara Counties provide referrals to housing and assistance as part of their SSI advocacy programs. In Oregon’s Joint Access to Benefits program, the Department of Community Justice’s Transition Services Unit coordinates participants’ access to subsidized housing.⁵⁷ The Baltimore SSI Outreach Project facilitates access to needed services and housing through direct assistance.⁵⁸ Atlanta Georgia’s First Step program also assists participants in finding a place to live.⁵⁹

On the federal level, there are several programs under the Department of Housing and Urban Development that can assist GA/GR recipients, including Section 8 and Shelter Plus Care. These programs provide rental assistance that could be leveraged by GA/GR programs to facilitate housing stability.⁶⁰

Supportive Services Boost Follow Through

Programs provide other supports to meet participants’ needs and engage them in the process. For example, the Los Angeles pilot project described above also linked participants to case managers who helped them to access other services such as clothing, shoes, and transportation. These supports not only help SSI applicants to participate in the process but they also give program participants an incentive to stay involved and on track.

Similarly, in Lassen County, staff relies on the services of a mental health worker to coordinate the wide array of services that may be required for applicants with mental illness. In addition, when necessary, Lassen provides transportation to medical appointments, interviews, exams, and the initial appointment with the lawyer handling a hearing. In Lassen, these

Santa Cruz County keeps clients engaged by ensuring that clients' immediate needs are met through GA/GR, linking them with housing, and other community services.

transportation costs can be quite expensive due to the great distances involved (up to several hundred miles).⁶¹ When necessary, Santa Barbara staff will drive participants to their doctor's appointments.⁶²

In fact, several counties indicate that the staff will drive applicants to a consultative examination if SSA requires one. (Humboldt,⁶³ Lassen,⁶⁴ and Santa Cruz⁶⁵ all reported this.)

In Santa Cruz County, ten SSI advocacy workers are strategically connected to various county programs to help residents access Medi-Cal and SSI. Advocates keep clients engaged by ensuring that clients' immediate needs are met through GA/GR, linking them with housing, and other community services.⁶⁶ According to county staff, this practice keeps the person actively involved in the process.⁶⁷

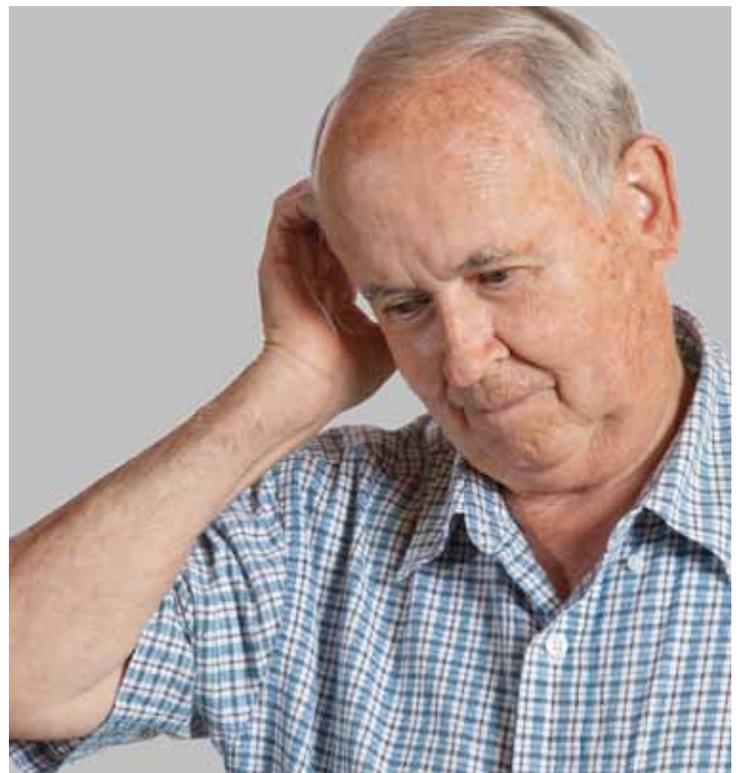
The Freestore Foodbank's SSI advocacy project in Cincinnati,⁶⁸ Pennsylvania's SSI/SSDI Outreach and Representation Project,⁶⁹ and New York State Department of Social Services' SSI application assistance program⁷⁰ all provide transportation assistance to participants.

Match GA/GR Resource Rules to Needs and Exempt One Vehicle

Some counties allow recipients to own a car and still qualify for GA/GR. Three counties (Marin,⁷¹ Solano,⁷² and Yuba⁷³) exempt one vehicle regardless of value. Other counties could similarly remove the restrictions on vehicle value in their GA/GR programs.

Such exclusions would help individuals navigate the SSI application process more effectively. In many counties, having a car is crucial for some GA/GR applicants to get to medical appointments necessary for their SSI applications.

In addition, counties can ease recipients' transition from GA/GR to SSI by matching GA/GR eligibility requirements to SSI eligibility requirements. SSI exempts one vehicle from being counted toward an applicant's assets, regardless of its value. By removing such vehicle restrictions, the counties would eliminate the need for GA/GR applicants to get rid of a car that exceeds the limit (as low as \$500 in several counties), when they could retain the car once their SSI applications are approved.



When necessary, Santa Barbara staff will drive participants to their doctor's appointments.

Best Practices in Early Engagement

Because the SSI application process is lengthy and involves several steps, successful SSI advocacy programs identify and meet with potential clients as early as possible. By doing so, advocates build rapport with their clients and get their buy-in to the SSI application process. Building on this foundation helps advocates to efficiently collect and promptly submit all of the information and documents required for the SSI application. Applications are in turn processed in a timely fashion and are unlikely to be rejected due to incompleteness. Advocates can also identify their clients' needs quickly and coordinate services to prevent medical emergencies or homelessness, when possible.

Engage Applicants Early

SSI advocacy programs that intervene quickly when someone applies for GA/GR benefits are more successful and generate greater savings for the county.

For example, the study of the LA Pilot Program found that early engagement is critical to saving county dollars. Researchers found that those who entered the GR case management pilot within two months of obtaining GR benefits had significantly fewer county costs than their counterparts, for a total savings of almost \$2 million dollars over the first year.⁷⁴ Savings were cut almost in half for individuals who did not enter the pilot program within the first two months.⁷⁵

In Lassen County, GA/GR applicants who self identify as having a "long-term disability" are given an appointment, often on the spot, with a social worker trained in SSI advocacy. At that appointment, the social worker completes a detailed interview to determine whether the GR recipient is a likely candidate for SSI. If so, the social worker sets up a follow-up appointment with the GR recipient to complete the SSI application. Lassen's program is very successful and most applicants are approved quickly (often within a month) and at the initial level. Lassen

also continues to meet with and keep in touch with applicants during all phases of the SSI appeal, including after the case is referred to an attorney for a hearing.⁷⁶ Similar early screening takes place in Humboldt⁷⁷ and Santa Barbara⁷⁸ Counties.



In San Francisco County, staff screens GA applicants for possible SSI eligibility and make appointments for them with on-site medical staff as soon as possible. If medical staff finds that a person meets the criteria for San Francisco's "SSI-pending program," the person is assigned to a case manager who has a target number of successful SSI applications to submit each year. At 90%, SSI approval rates for the SSI Pending Program are consistently high.⁷⁹

San Diego County contracts with attorneys and advocates from the local legal aid program to screen potential SSI applicants on-site in the welfare office. These advocates usually meet with potential SSI applicants shortly after they have been approved for GA/GR. Advocates assist with the SSI applications and represent the clients from the beginning of the process through the SSI fair hearings.⁸⁰ The San Diego program has a success rate of over 50%.⁸¹

Reach Out & Communicate

In California and across the country, effective SSI advocacy programs emphasize continued communication with applicants for greater success with SSI. Building rapport with applicants and staying in touch with them ensures that advocates will be able to gather longitudinal medical histories, submit evidence to SSI efficiently, develop independent medical evaluations, and create summary reports to accompany the applications. Thus, several programs cite outreach and engagement as

keys to maintaining relationships. Successful programs stress ongoing contact with the SSI applicants and their clinicians so that the application is adequately developed to ensure early approval.

In San Francisco, for example, the assigned SSI advocate/case manager meets an average of four times with each applicant during the application process to develop the records. Once the SSI application is submitted, the case manager accompanies clients to appointments, serves as a liaison between SSA and the GA/GR recipient, ensures that the recipient attends appointments and files supplemental paperwork as necessary. Outreach workers help to maintain client contact, especially among those recipients who are homeless, mentally ill or substance abusing.⁸²

Santa Barbara stresses a social work model that allows workers to invest heavily in individual client relationships and to tailor an individual plan for the participant to successfully complete the SSI process.⁸³ Along with Santa Barbara, Humboldt,⁸⁴ Lassen,⁸⁵ and Santa Cruz⁸⁶ all emphasized that county SSI advocates continue to keep in touch with participants and work with them throughout the process, even after they are referred to attorneys at the hearing stage.

Programs outside of California use similar case management techniques. Health & Disability Advocates in Chicago offers drop-in hours and sends staff out of the office to visit clients in jails, hospitals, homeless shelters, libraries, McDonald's, shelters, or on city streets. Using attorneys, the project conducts on-site intake.⁸⁷

Similarly, in Massachusetts, a claims representative from the Office of Health & Human Services Disability Determination Services spends time in several shelters, working with both clients and shelter workers.⁸⁸ One report⁸⁹ from a successful program identifies the keys to success as “delivering what is promised, focusing on choice and respect, learning about where the person spends time and who they keep in touch with, and keeping communications clear.”⁹⁰

The Colorado Homeless Benefits Team is located in the Stout Street Clinic, a neighborhood homeless medical clinic. Medical pre-certification and other on-site qualification experts can help expedite the process to obtain eligibility for GA/GR and SSI benefits. They find people who are homeless are more likely to participate at the Stout Street Clinic because they are familiar with the clinic and its staff.⁹¹



Early engagement of GR recipients in Los Angeles' SSI Advocacy Project saved the county almost \$2 million in the first year. Savings were cut almost in half for individuals who did not enter the pilot program within the first two months.

Best Practices in Collaboration

Collaborate with Other County Agencies

By forging collaborations outside a County Welfare Department, SSI advocacy programs can gain access to two things that are critical to supporting an SSI applicant: people and services.

First, other county departments often have improved access to individual clients or client populations that SSI advocates serve. In some cases, they may simply have more regular contact with clients (e.g., those who fill a prescription weekly or those who are incarcerated). In others, certain agencies might have a particular expertise that helps them to communicate with clients across barriers such as mental illness, addiction, or language.

Second, other county departments may possess services that a County Welfare Department does not: health care, housing, mental health and substance abuse services may only be accessible through other county agencies. This is particularly useful when fast access to SSI benefits can prevent a gap in income that might occur when someone is discharged from the hospital after a disabling injury or illness, or released from jail. In these situations intra-county collaborations are key to ensuring continuity in residents' lives, coordinating the array of services people need, and preventing costly outlays of funds by counties on GA/GR and other county services.

Many SSI advocacy programs cite the importance of forging close relationships between the welfare department, SSI advocates, and health and mental health staff to reach and effectively serve those with special needs. For example, Lassen County plans to assign mental health and behavioral health/ substance abuse staff to its welfare department SSI advocacy program. SSI project social workers will benefit from their expertise with mental illness and substance abuse. Together, the advocates and the mental health and behavioral health worker will coordinate treatment for such clients.⁹²

Similarly, the San Francisco Health Department's SSI Advocacy Program coordinates efforts with other public agencies such as health care providers and with private non-profit CBOs to ensure both that clients receive all the benefits for which they are eligible and that the county receives the maximum available reimbursement from state and federal funds.⁹³

In this way, San Francisco keeps clients engaged in the process while generating a return of \$5.00 in county dollars for every \$1.00 invested in the SSI advocacy pilot in its first two years, saving the county \$3 million dollars.⁹⁴

Jail and Prison Collaborations

Programs that collaborate with local jails and other correctional facilities have also realized benefits for both inmates and counties. In Oregon's pre-release SSI advocacy program, staff begins to develop applications four months before the prisoner's release.⁹⁵ The Homeless Action Center of Berkeley, California has collaborated with San Quentin State Prison on a pre-release program and is now working with the Alameda County Social Services Agency on a recently adopted pre-release program in the Santa Rita county jail.⁹⁶

These programs are aimed at getting prisoners onto SSI as soon as possible after release. By reducing the person's time without income after release, these programs achieve greater stability for their clients while also reducing county costs on GA/GR, county health and mental health services, and homeless services.



Collaborate with Community Organizations

Close collaboration with CBOs can help county SSI advocacy programs to provide better services to their clients and to reach more people. Sometimes, these collaborations may be formalized into contracts where CBOs provide all or some portion of the SSI advocacy themselves, capitalizing on their special expertise to the county's benefit.

Private hospitals and clinics are often natural collaborators for SSI advocates, since securing benefits for high users of emergency rooms and inpatient treatments allows medical providers to get reimbursement for their services.

In San Diego, for example, health advocates from Legal Aid Society's (LASSD) Consumer Center for Health Education & Advocacy go to the Scripps Mercy Hospital's Behavioral Health Unit three times a week to interview uninsured patients for eligibility for Medi-Cal and/or SSI and the County Medical Services program. One outcome of the screening is a referral directly to LASSD's SSI advocates who then begin the SSI application process. Successful SSI applications result in reimbursements to the hospital.

Another benefit of the project is referral of patients to local "clubhouses" that offer psychosocial rehabilitation for persons with psychiatric disabilities. Using Mental Health Services Act (MHSA) funds, the clubhouses hire SSI peer advocates who interview

eligible clients, gather documents and complete the initial SSI application. These applications are then forwarded to LASSD's expert SSI team for review, evaluation, filing, and possible representation. Funded by the American Recovery and Reinvestment Act, LASSD employs two bilingual (English-Spanish) advocates to take SSI applications on-site at three mental health clinics.⁹⁷



Alameda County's Healthcare Services Agency leverages MHSA⁹⁷ dollars to fund CBOs to expand the capacity for SSI advocacy.⁹⁷ Under the Mental Health Services Act Full Service Partnership, funding is provided to the Homeless Action Center and Mental Health Advocates to provide representation to clients of the County Behavioral Healthcare Services and additional funding goes toward providing housing and intensive case management to these patients. In this way, the county is able to provide SSI advocacy to populations that would otherwise be hard to reach.

St. Elizabeth Medical Center in Covington, Kentucky contracts with Welcome House of Northern Kentucky to provide SSI advocacy. In this way, the hospital can stay in better contact with people with unpaid hospital bills and can ultimately obtain Medicaid reimbursement.¹⁰⁰

Best Practices in Building the SSI Disability Case

Because the SSI application revolves around the applicants' disability and functionality, a successful application must explain the applicant's medical history in a compelling way, accompanied by documentation. Successful SSI advocacy programs understand the importance of a person's medical history and attempt to both obtain the documents they need and to develop the record further by using in-house or other county medical staff to evaluate applicants and their records. For some applicants, particularly those with mental illness, many months of treatment history are necessary for a successful application. By providing medical care, successful SSI advocacy programs also help applicants to stabilize their medical conditions, which may in turn allow them to participate more actively in the application process.

A successful SSI application requires extensive medical evidence and documentation. The applicant's medical history must be explained in detail and harmonized with the person's physical and mental functional limitations and employment and educational histories. Because of the level of medical understanding and expertise required, many programs collaborate with medical providers or bring on medically trained staff (physicians, psychiatrists, and nurses) who can help to evaluate applicants and fill out the necessary paperwork in a compelling way. In addition, all staff, regardless of their educational background, should receive training to understand the particularities of SSI eligibility and their clients' medical backgrounds.



Successful SSI advocacy programs understand the importance of a person's medical history and attempt to both obtain the documents they need and to develop the record further by using in-house or other county medical staff to evaluate applicants and their records.

Collaborate with Medical Personnel

SSI applications rely heavily on medical documentation, so many SSI advocacy programs bring medical personnel on staff to help them efficiently obtain the necessary information for clients' applications. San Francisco may be unique in having medical personnel on site at the GA/GR application office. These medical specialists conduct a "triage assessment" when a person first applies for GA/GR to determine whether he or she has a disabling condition that meets the SSI standards, taking into account age, education, and work history, among other factors. A case manager further reviews the person's file, including the medical records, and schedules an appointment for the client with county medical staff. At this appointment, the county medical staff provides a comprehensive assessment of both the physical and mental health of the applicant. The medical staff draft comprehensive reports based on their examinations and tests.¹⁰¹

Similarly, Humboldt County's SSI advocates connect applicants with health services at county clinics to ensure that clients have as complete medical histories as possible. The program also employs a public health nurse who consults with both clients and advocates to analyze and review medical evidence for the application.¹⁰² In Alameda County, the Healthcare and Social Services agencies collaborate to identify frequent users of county medical services and offer them additional services, including SSI advocacy. Through a Memorandum of Understanding, the health department identifies people on GA/GR who are likely to qualify for SSI due to frequent usage of county indigent health care services or a diagnosis suggestive of a potentially qualifying impairment.¹⁰³ The Social Services Agency then categorizes these individuals as unemployable, thereby exempting them from the newly imposed GA/GR time limits for employable individuals.¹⁰⁴ Those GA/GR recipients who are identified as unemployable are referred for SSI advocacy services.

Train Advocacy & Clinical Staff

Almost every successful program has a formal training component for case managers, physicians, and other clinicians on the Social Security process, Social

Almost every successful program has a formal training component for case managers, physicians, and other clinicians on the Social Security process, Social Security standards, and how to effectively develop an application.

Security standards, and how to effectively develop an application.

In Santa Cruz County, SSI staff are experienced advocates who receive extensive training, both in-house and from Social Security. Santa Cruz invests significant resources into training and retaining staff.¹⁰⁵ Humboldt has developed extensive written procedures for staff and continues to train experienced staff on the application and appeals process.¹⁰⁶

Train Clinicians

In San Francisco, the physicians, psychologists, and case managers are trained in SSA standards. Clinicians are trained and mentored in drafting detailed reports. A supervisor reviews the SSI application before it is finally submitted to ensure that the application is complete and internally consistent.¹⁰⁷

In Los Angeles, Neighborhood Legal Services has trained county patient technicians on SSI standards and how to present an effective application to SSI and Medi-Cal. In Alameda County, staff at Bay Area Legal Aid regularly provides training on SSI eligibility to staff of mental health clinics and other community organizations.

In Orange County, the Mental Health Association's SSI Advocacy Program trains physicians to provide useful documentation and effectively interact with patients. One challenge is that clinicians are often trained in a psychosocial rehabilitative approach and their clinic



notes, which focus on patient progress, can undermine the SSI case where medical records describing the severity of the patient's condition are most effective. Clinicians are taught how to draft an effective report that will lead to a successful SSI application. The Orange County project has a 90% success rate helping mentally ill patients obtain SSI at

the application or reconsideration stage.¹⁰⁸

Nationally, some groups offer web based training.¹⁰⁹ Others use local and national experts or the local SSA office.¹¹⁰ National Health Care for the Homeless Council SSI Task Force¹¹¹ and the SOAR program¹¹² have SSI advocacy curricula. One program manager noted, “you need experienced, knowledgeable staff. Helping people apply for SSI benefits is not easy. The individuals’ situations can be challenging and the documentation process takes time and good detective work.”¹¹³

Mark Dalton at the Washington State SSI Facilitation Program credits that agency’s success to practitioners who understand and address SSI disability determination criteria as one of the keys to the program’s success—documenting how a person’s illness affects his or her employability, not just the diagnosis or illness. The program staff conducts and pays for comprehensive evaluations to avoid the need for a referral by SSA for a consultative examination.¹¹⁴

Training Available

Based on its many years of experience in successfully handling SSI cases, the Heath Consumer Alliance has developed a model training curriculum on SSI standards and developing a good medical report to win at the initial stage. For further information, contact your local HCA office (See Appendix B for contact information) or contact Kate Meiss at kmeiss@nls-la.org or (818) 291-1778.

Get Medical Evaluations & Tests Early

Although some clients will come to an SSI advocate with a complete medical history and medical records, this scenario is seldom the case, especially among GA/GR recipients, many of whom are homeless, mentally or physically disabled, and/or addicted. Thus, many counties in California—including Humboldt,¹¹⁵ Lassen,¹¹⁶ Santa Barbara,¹¹⁷ San Bernardino,¹¹⁸ and Santa Cruz¹¹⁹—refer GA/GR recipients who have or will apply for SSI to county medical staff, county clinics or other community clinics. The resulting evaluations provide the dual benefit of getting applicants medically necessary treatment and providing better documentation of their disabilities for the SSI application.

SSI advocates in Orange¹²⁰ and Santa Cruz¹²¹ counties work with reports and SSA questionnaires completed as soon as possible in the process. This prevents the SSI applicant from being referred to a consultative exam and having a negative report generated, which complicates the SSI application (See discussion on page 8).

When warranted, Atlanta, Georgia’s First Step program schedules and pays for comprehensive evaluations itself, rather than waiting for the adjudicator to request such evaluations. By taking a pro-active approach to the examinations, the First Step program expedites them considerably. The local Disability Determination Services appreciates this approach.¹²²

Similarly, the New Jersey SSI Project has a panel of over 50 doctors and psychologists who provide Independent Medical Evaluations for clients with incomplete medical records.¹²³

Another interesting approach is taken by a West Virginia project that recruits retired doctors, including psychiatrists, to do pro bono evaluations before the consultative examination stage.¹²⁴ The University of Notre Dame Law School Disability Benefits Project uses a clinical psychologist and graduate psychology interns to perform psychological assessments. It also uses law students to represent individuals applying for SSI.¹²⁵

Provide Ongoing Medical Treatment

Ongoing medical care may be needed in order to establish the disability for some applicants, such as individuals with mental health problems. With respect

to mental health claims, several projects delay filing until after the person has established a record of treatment. The Mental Health Association in Orange County (MHA) project requires the patient to be in treatment long enough that there is enough evidence to know if the patient will respond to medication.¹²⁶ The SSI Outreach Project will accept patient referrals from the County of Orange Health Care Agency Behavioral Health Services only after the patient has received treatment for six months or more, because clinic records obtained through that length of treatment will be most likely to support a finding of disability by State evaluators. Physicians are able to credibly complete a questionnaire about the patient's condition after several months of treatment history. The MHA SSI Outreach Project is funded by the County of Orange Health Care Agency and has a 90% success rate helping mentally ill patients obtain SSI at the application or reconsideration stage.¹²⁷

In Los Angeles' Department of Mental Health, SSI advocacy is contracted out to a local community organization, Mental Health Advocacy Services, Inc. (MHAS). County mental health clinics refer patients to MHAS if they have a treatment history that covers most of the past 12 months and the person appears to meet SSA's medical severity requirements.¹²⁸ The MHAS SSI advocates handle 50–60 cases a month, with an approval rate of 80–90% at the application and reconsideration stages. The majority of MHAS' applications are approved within three months.¹²⁹

Screen for Success

Successful SSI advocacy programs have developed tools that help them assess, from the outset, whether someone is a likely candidate for SSI. While some people have disabilities that obviously qualify them for benefits, for many others, the question of eligibility is not readily answerable. Advocates must understand what factors Social Security will consider and apply them to factual information about a person. Many programs have developed short surveys or screening tools that help them make an initial assessment quickly, so that they can focus their efforts on those whose applications are likely to succeed.

Many California counties—including Lassen,¹³⁰ Humboldt,¹³¹ Santa Cruz,¹³² and San Francisco¹³³—use

up front screening tools or interviews to identify potential participants in SSI advocacy programs. These counties consider the person's age, work history, educational background, and physical and mental disabilities. All these factors are critical to a successful application. For instance, older, less educated workers with a long history of manual or unskilled labor may have an easier time qualifying for SSI than younger, more educated workers.

Alameda County utilizes a special screening tool, called the “modified mini,” to ascertain whether someone has a serious mental health problem; this tool helps staff to evaluate the likelihood someone with a mental illness would qualify for SSI. The screening takes about 15 minutes and asks a series of questions that help identify the need for a more thorough mental health evaluation or referral for SSI advocacy.¹³⁴

Nationally, the Pennsylvania SSI/SSDI Outreach and Representation Project emphasizes the importance of carefully screening SSI claims—they only submit cases that clearly meet the legal standard for disability.¹³⁵ According to Richard Weishaupt at Community Legal Services in Philadelphia, the SSI advocacy program there screens for Medical Assistance usage, repeated hospitalization, use of certain drugs, length of time certified as disabled, and age to identify GA clients who would benefit from SSI advocacy.¹³⁶

Target “High Cost” People

The Economic Roundtable recently released a simple, one-page calculator that identifies people who are likely “high cost” users of county services.¹³⁷ This tool may be



useful in identifying and prioritizing candidates for SSI advocacy programs, ensuring both that those with the highest need get services and that the county avoids spending more public funds than necessary to serve these residents.

Screening tools for frequent users of county health services may also help counties identify individuals who are homeless but not receiving GA/GR but are heavy users of county health services. Providing GA/GR to these individuals while an SSI application is pending will allow the county to obtain the interim reimbursement from SSI for GA/GR expenditures and could also facilitate the county's receipt of retroactive Medi-Cal payments.

Gather Medical Records Quickly

A critical element of any successful SSI advocacy program is assistance in obtaining existing medical records that document the period and nature of an applicant's disability for inclusion in the application packet. Often, counties possess such records for applicants (since they were treated in county facilities), but the records are scattered and difficult to obtain because of the episodic nature of many low-income individuals' encounters with health care providers. Thus, many applicants need help to obtain the medical records required for a successful SSI application.

In Santa Cruz, the county's SSI staff meets with the client to obtain as much background information as possible and then asks the client to sign several release forms so that an advocate can obtain information from other sources. In addition, advocates can access the client's electronic medical records (including mental health records) if the client



has received care from county facilities. The program has developed protocols to streamline processes of obtaining medical records while respecting privacy.¹³⁸

Staffing varies from county to county, but most counties with

robust SSI advocacy programs have designated personnel to contact private and county medical providers for applicants' medical records. In San Francisco, a Department of Human Services clerk works with GA/GR recipients' assigned case managers to obtain and develop their medical records.¹³⁹ In San Bernardino, the local legal aid and county staff work together to obtain necessary medical records.¹⁴⁰ Under California Health & Safety Code §123100 (d), non-profit organizations are entitled to such records free of charge within 30 days if they are needed in support of an application for benefits.

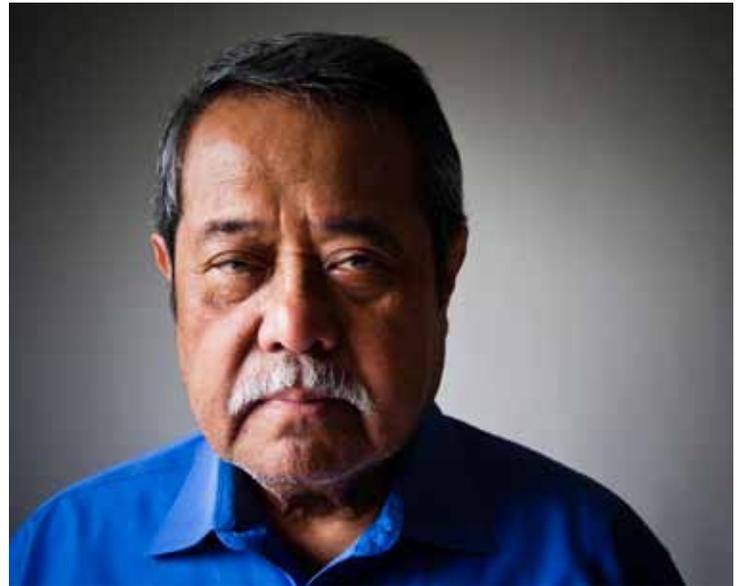
Nationally, all programs emphasize the importance of obtaining records that show the history of the disability. As noted by one program: "A key at the Health & Disability Advocates in Chicago is to develop critical longitudinal histories by collecting extensive medical records. This can be expensive but it makes all the difference."¹⁴¹

Build Relationships with Social Security Offices & Disability Determination Services

Every agency surveyed and interviewed for this report identified having a good relationship with local SSA field offices and/or the California State Department of Social Services Disability Determination Services (DDS) as critical to success. The reason is straightforward: by understanding what the ultimate decision-makers look for in an application, SSI advocates can more effectively put together successful applications and avoid wasting time on developing application elements that are unlikely to succeed. Often, these collaborations can lead programs to mutually beneficial procedures that ensure that decision-makers get the information they need quickly, resulting in quicker processing of applications.

SSI advocates who know what Social Security and DDS staff look for to determine SSI eligibility and disability get better results for their clients. The Lassen County SSI advocacy program explains that by meeting regularly with local SSA staff, they have come to understand what makes a complete application, have reduced the number of initial denials, and have shortened the application processing time.¹⁴² Similarly, Santa Cruz County SSI advocates work closely with DDS so that they know what kinds of evidence of disability are likely

Lassen County meets regularly with local SSA staff to understand what makes a complete application. Staff attribute these meetings with reducing the number of initial denials and shortening the application processing time.



to be compelling when their clients reach the disability determination stage. As a result, the Santa Cruz program has reduced disability determination processing time.¹⁴³

Advocates outside of California also emphasize the importance of working closely with SSA. For example, the Colorado Coalition for the Homeless Benefits Acquisition and Retention Team program has an advisory committee that includes representatives from SSA, DDS, the Office of Disability Adjudication and Review, and consumers.¹⁴⁴ This committee ensures that advocates understand all components to a successful application. Similarly, Massachusetts' Office of Health & Human Services Disability Determination Services staff work closely with an advisory board made up of DDS employees, advocates, and consumers that actively participate on the board's subcommittee on homelessness.¹⁴⁵

Some SSI advocacy programs have built upon their collaborations with SSA and DDS to create procedures that efficiently deliver information to the decision-makers, ensuring that advocates' applications are processed faster and more smoothly. In Santa Cruz, the SSI benefit staff's longstanding relationship with the SSA field offices allows the staff to contact SSA directly and to send forms and evidence using inter-office mail.¹⁴⁶ San Francisco's Human Services SSI advocacy program cites the ability to file reports electronically with SSA as a significant aid.¹⁴⁷ In addition, SSA has assigned staff to work specifically as liaisons on the Department's

cases. In this way, advocates can more easily check the status of their applications.

Similarly, community-based advocates in Alameda County have developed close working relationships with SSA and DDS staff, which includes regular meetings both directly with SSA field offices, with DDS staff, and attending County SSI Advisory Committee meetings.¹⁴⁸

Contract with Legal Experts

Although SSI advocacy projects are variously staffed, successful programs often involve attorneys and paralegals at application, reconsideration and on appeal.

The San Francisco Department of Public Health program contracts SSI advocacy work to non-profit organizations including the Positive Resource Center (PRC) that serves people with HIV/AIDS.¹⁴⁹ During its two-year pilot, PRC was able to leverage partnerships with mental health clinics and provided those clinicians training on SSA disability criteria and application documentation.¹⁵⁰ PRC also consulted with clinic staff on their individual clients. Through these relationships, PRC worked with clinic staff to develop SSI applications, gather medical evidence, and provide legal services for clients referred by the clinics.¹⁵¹ The program enjoyed an 84% award rate. Ninety-three percent had SSI-linked Medi-Cal. The average retroactive Medi-Cal payment period was 10 months.¹⁵²

In San Bernardino, the local legal aid office provides technical assistance to the county staff at any point in

Los Angeles County Department of Mental Health contracts with a local advocacy group, Mental Health Advocacy Services, to assist its clinicians and clients with SSI applications. The group has an 80–90% success rate at application and reconsideration with a majority of applications being approved within three months.

the process. For those cases that require an appeal, legal aid lawyers and paralegals provide assistance through a contract with the county.¹⁵³

Alameda County funds the Homeless Action Center (HAC) and Mental Health Advocates to provide legal representation to clients of services in the SSI application process. HAC reports 61% of applications are successful with another 16% getting approved at the reconsideration stage. This represents a 41% success rate at reconsideration which far exceeds the national rate at that stage of 14%.¹⁵⁴ The few remaining cases that have to go to hearing result in an SSI award 88% of the time.¹⁵⁵

Similarly, in Los Angeles, the Department of Mental Health has partnered with advocates from Mental Health Advocacy Services (MHAS). The MHAS staff consults with county-run clinic medical staff to decide if enough evidence exists for a successful application and when to file the SSI application. The MHAS staff interviews the person, completes the application and all related documents, requests the Evaluation of Mental Disorders report from the clinician, and establishes an SSI application protective filing date. They gather all relevant medical/mental health records and, when received, file the developed application package with SSA. In addition, they provide training for county clinicians and consult on reports as needed. As noted above, they have a success rate of 80–90%.¹⁵⁶

San Diego County's Health and Human Services agency contracts with its local legal aid office, the Legal Aid Society of San Diego, to provide a variety of SSI advocacy services, including assistance for those GR recipients and persons with psychiatric disorders. Clubhouses, clinics, inpatient psychiatric facilities, and welfare department staff refer SSI applicants to LASSD's expert SSI team for assistance. The team screens applicants, develops the record, files applications, and represents applicants in hearings and appeals through to federal court. Overall, the San Diego SSI project has a good success rate, getting 60% of cases approved. The program saved San Diego County millions of dollars last year.¹⁵⁷

San Francisco's Department of Human Services SSI advocacy program emphasizes thorough and complete applications, thereby decreasing the time for a determination. If the application is denied, the case manager consults with his or her colleagues as to whether to pursue reconsideration. If reconsideration is also denied, the client is referred to the local legal services provider (Bay Area Legal Aid) for representation.¹⁵⁸

Health & Disability Advocates (HDA) in Chicago believes staffing with lawyers helps immensely in both making the case and engaging the applicant. "The legal advocacy is extremely important for cases where individuals have dual diagnoses—substance abuse and mental illness. These individuals frequently have other chronic physical impairments that must also be documented. Many clients don't want to be or are only begrudgingly connected with mental health care."¹⁵⁹ HDA staff believes that stressing their role as the lawyer for the individual applicant, rather than for the county agency, strengthens the relationship with the applicant.¹⁶⁰

In New York, the Empire Justice Center (EJC) serves as the state support unit for the Disability Advocacy Program, which provides SSI advocacy services including, legal representation, training, legal updates, and staffing for a toll free number for technical assistance requests. EJC maintains a library of taped trainings and materials and keeps advocates in touch through a list serve, newsletters, monthly task force meetings, and an annual conference. Frontline workers are well trained, know they are not alone, and can find the information they need from the community of providers.¹⁶¹ New York State Department of Social Services district offices refer cases to this network for appeals.¹⁶²

Self-Funding SSI Advocacy Projects

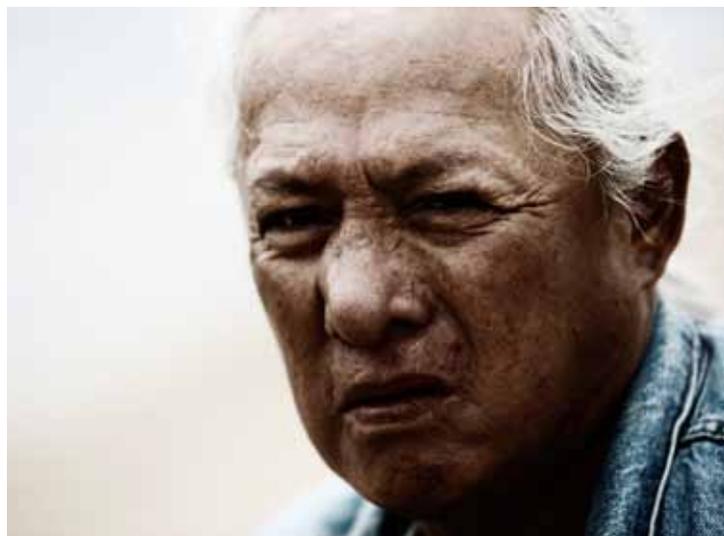
The costs associated with an SSI advocacy program are not unsubstantial. But an initial investment in advocacy can pay off multifold. First, SSI advocacy can generate significant reimbursement moneys from the federal and state governments. Second, SSI advocacy can result in substantial cost-savings from county General Funds. And finally, SSI advocacy can be supported by creative leverage of other, non-county General Fund dollars—including county services block grant moneys, MHSA funds, and Medicaid matching dollars.

New Revenue for Counties

Successful SSI advocacy directly generates revenue in the form of reimbursement from Social Security and Medi-Cal. San Francisco County reinvested the reimbursement funds it collected when individuals' SSI and Medi-Cal benefits were awarded back into the SSI advocacy program, further increasing the revenue it could collect as it generated additional reimbursements.¹⁶³

Every county in California is authorized to receive interim assistance reimbursements from the SSA for GA/GR recipients who are approved for SSI benefits during the time they received GA/GR. Practically speaking, this mechanism requires the federal government to reimburse a county for GA/GR paid to a person while an SSI application, now approved, was pending.¹⁶⁴

Programs with strong SSI advocacy elements are effective at collecting these reimbursements. For example, Humboldt County consistently obtains more reimbursements than many of the state's more populous counties. Humboldt has obtained reimbursements for more than two-thirds of its average GA/GR caseload over the last three years.¹⁶⁵ Similarly, for each of the last five years, Santa Cruz has obtained reimbursement from SSI for over half of its GA/GR caseload.¹⁶⁶



Counties may claim reimbursement up to the full amount of the federal SSI grant for the actual costs of both cash and in-kind assistance.

Moreover, counties can leverage expected reimbursement funds to provide services to SSI applicants that it does not ordinarily provide to GA/GR recipients. Counties may claim reimbursement up to the full amount of the SSI grant, but not the state supplement, for the actual costs of both cash and in-kind assistance. Thus, counties may increase GA/GR grants to include additional subsidies for housing or transportation to give SSI applicants crucial supports they need to be more stable and to successfully participate in the application process.



In addition, retroactive Medi-Cal coverage may be available to reimburse a county for medical services it provides to an SSI applicant. Not only are services reimbursable during the time a person's application is pending, but

practitioners and hospitals may also seek Medi-Cal reimbursement for services provided during the three calendar months before the SSI application date.¹⁶⁷ Programs that help applicants to get regular treatment at county hospitals and clinics not only create a solid record to support those applicants' SSI applications, but they can also ultimately seek Medi-Cal moneys to reimburse themselves for the medical services rendered.

Los Angeles County has also allocated County Services Block Grant (CSBG) funds under the Health Related code. This funding source will provide approximately 50% federal reimbursement for certain services performed by medical professionals to help GR recipients with disabilities to qualify for SSI and Medi-Cal.¹⁶⁸

County General Fund Savings that Add Up

Remember the "hidden costs" of GA/GR recipients who are disabled or homeless? Counties that invest in SSI advocacy have consistently realized savings from their General Fund, as they decrease spending on GA/GR, county health and mental health programs, county criminal justice and probation programs, to name a few.

Even using a conservative estimate of a 30% success rate in GA/GR to SSI advocacy, Los Angeles estimated savings of over \$19 million over two years. For every 10% in additional SSI success, savings would increase by \$2 million.¹⁶⁹ These savings were based on a program serving 900 participants. Based on this ratio of success, counties serving smaller

populations could generate significant savings. It is also worth noting that while this study focused on GA/GR recipients, there is no reason to think that SSI advocacy programs for other homeless people with disabilities would not yield significant county savings.¹⁷⁰

Funding Start-Up or Expansion of SSI Advocacy

Around the country, programs have leveraged moneys in a variety of creative ways to invest in SSI advocacy. For example, San Francisco required mental health outpatient programs to submit applications for a minimum of 5% of their clients that are likely disabled.¹⁷¹ The outpatient programs worked in collaboration with the SSI advocates on the applications. This was so successful the goal was increased to 25% and was expected to increase even further.¹⁷² This practice expanded the SSI program without necessarily increasing costs. San Francisco has also used County Services Block Grant funds aimed at getting people onto Medi-Cal to fund part of its program. For example, medical social workers may be able to bill their time spent screening or assessing eligibility for disability based Medi-Cal.¹⁷³

Alameda County has expanded its capacity by leveraging MHSA dollars to fund CBOs to provide SSI advocacy services in the county. In other jurisdictions, entities have sought outside funds to get programs started. Oregon's BEST programs first received funding from the City of Portland and later from the Kaiser Permanente Foundation. A local housing authority also expressed interest in contracting for some of the SSI advocacy services.¹⁷⁴ After all, housing money can go further if tenants' incomes increase; ultimately, this increased funding will allow the housing authority to serve more people.

Several programs were funded through their involvement in local 10-year plans to end homelessness. For example, the United Way of Metro Atlanta first funded SSI advocacy in Atlanta, Georgia through the Atlanta Mayor's Commission to End Homelessness.¹⁷⁵ Chicago's Health & Disability Advocates received city funding for SSI advocacy after working on their city's plan.¹⁷⁶

Conclusion: SSI Advocacy is a Smart Investment

SSI advocacy programs can generate considerable reimbursement moneys and costs savings for counties in GA/GR and health care programs as well as in other programs. Even counties with few individuals on GA/GR can find significant savings by serving people who are disabled or homeless, especially those with mental illness, and transitioning them onto SSI and Medi-Cal. Effective programs are housed in many different departments beyond GA/GR including county health, behavioral health, and county jails.

A county with an existing program can also benefit from adopting new practices—such as housing vouchers, better screening, new systems for record retrieval, or training of staff. Others with modest or no SSI advocacy program could benefit from adopting some or all of these best practices.

Best of all, these programs improve the lives of people with disabilities, make county social work more satisfying, and get people who are homeless off the streets, out of jails, and out of emergency rooms and hospitals. In short, SSI advocacy programs are a win-win for the county, the community, and its residents.



Afterword: Letter of Support from the Corporation for Supportive Housing



August 30, 2010

Dear Health Consumer Alliance:

On behalf of the Corporation for Supportive Housing, I endorse your efforts, in issuing your report, “Investing in People to Save Counties Money,” to ensure homeless people who are eligible for Supplemental Security Income (SSI) receive it. For thousands of Californians in extreme poverty, offering means of obtaining SSI will make the difference between sleeping on the streets and living stably in permanent housing. We applaud your efforts to facilitate this process.

As the Social Security Administration has recognized, data show that people who are homeless are much more likely to find and maintain housing, and thereby end their homelessness, if receiving SSI. In addition to better access to housing, homeless SSI recipients also gain greater access to health care through Medicaid, often for the first time, critical to curtailing the risk of severe irreversible disease and mortality. In fact, Dennis Culhane, Ph.D., a leading homeless researcher, testified before the California Legislature on February 9th, 2010, that expanding SSI enrollment among eligible homeless people would be one of the most important steps to reducing homelessness in California. Research referenced in this report has similarly shown a significant link between SSI receipt and decreased homelessness, with resulting costs avoided at the local, state and federal level.

We further commend the report’s recommendation to include housing subsidies as part of county GR to SSI programs. As the report states, people in housing are much more likely to obtain SSI than people who are homeless, since homeless people are focused on the need for survival, are often transient, have difficulties receiving mail, do not have access to transportation, and have extreme challenges in accessing treatment, interfering with documentation of a disability.

Counties can provide housing assistance to GR recipients who are homeless or at risk of homelessness in several ways. Shallow rental subsidies are effective in preventing GR recipients who are unstably housed (i.e., living with friends or relatives temporarily, living in a motel, or experiencing frequent moves) from becoming homeless. Communities experience lower rates of homelessness when they target rental subsidies to very poor households.¹ A five-year, federally funded study showed that households receiving a rental subsidy had a 74% decreased risk of homelessness compared to a control group who did not have a rental subsidy.²

Housing subsidies can also work to end homelessness. If a GR program offers a shallow rent subsidy, this subsidy often works best when coupled with other housing programs or subsidies. For example, partnering with agencies, such as county housing authorities that administer Housing Choice Vouchers (Section 8) and Shelter Plus Care vouchers (under the McKinney-Vento Homeless Assistance Program). If the housing authority operates under the jurisdiction of the county, the county may create a set aside for homeless GR recipients to provide these individuals with a voucher, either in addition to a GR shallow rent subsidy, or in place of such a subsidy. As an alternative, the agency could partner with affordable housing providers to ensure GR recipients are able to afford housing with a shallow rental subsidy and are able to remain stably housed once the subsidy ends and the participant is receiving SSI.

To administer an effective housing subsidy program requires additional staff to monitor the financial process of providing the subsidy, as well as to locate landlords willing to accept tenants with the subsidy (housing locators). Many landlords are willing to accept lower rates when tenants come with a steady reliable source of rent and supportive services to keep the tenant stably housed. Since counties often have agencies that administer housing subsidies, staff of these agencies may be best suited to administer this type of subsidy.

The agency should create standards for the housing to ensure tenants are living in housing that is safe and habitable. Finally, the agency should develop procedures for transitioning the participant from the GR subsidy to either a different form of rental subsidy (by partnering with other agencies that administer housing programs) or to a percentage of the participant's SSI payment. Ideally, the program should partner with affordable housing providers to make certain the participant is able to remain stably housed once a GR subsidy ends.

We look forward to working with you and with counties considering adopting GR to SSI programs in the future. We believe this critical work will be instrumental in our collaborative efforts to reduce homelessness throughout California.

Sincerely,



Jonathan C. Hunter
Managing Director, Western Region

1 JILL KHADDURI, HOMELESSNESS RESEARCH INSTITUTE, HOUSING VOUCHERS CRITICAL FOR ENDING FAMILY HOMELESSNESS (Jan. 2008), available at <http://www.endhomelessness.org/content/article/detail/1875>; U.S. GEN. ACCT. OFFICE, FEDERAL HOUSING ASSISTANCE: COMPARING THE CHARACTERISTICS AND COSTS OF HOUSING PROGRAMS, (Jan. 2002), available at <http://www.gao.gov/new.items/do276.pdf>; DOUGLAS RICE, CTR. ON BUDGET AND POLICY PRIORITIES, ADDITIONAL HOUSING VOUCHERS NEEDED TO STEM INCREASE IN HOMELESSNESS 1 (Apr. 16, 2009), available at <http://www.cbpp.org/files/4-16-09hous.pdf>.

2 Michelle Wood, et al., *Housing Affordability and Family Well-Being: Results from the Housing Voucher Evaluation*. 19:2 HOUSING POLICY DEBATE (2008) at 367–412.

Appendix A: Methodology

National Research

In January and February 2010, Health Consumer Alliance (HCA) surveyed SSI advocacy programs and compiled recommendations from program managers across the country. The best practices were gleaned from 38 programs that target diverse populations including people who are homeless, children who are wards of the state, children in state custody who have severe disabilities, prisoners, General Assistance recipients, Temporary Assistance for Needy Families recipients, non-violent ex-offenders, and people with mental illness. The programs are also diversely situated in government agencies, government contracted CBOs, and privately funded CBOs. Many of the programs in the survey received SSI/SSDI Outreach, Access and Recovery (SOAR) training and have adapted the SOAR process to their local area. Other programs have developed independently.

State Research

In November/December 2009, HCA surveyed all 58 California counties about their GA/GR programs and any SSI advocacy the counties provide to GA/GR recipients. Of the 56 counties that responded in time to be included in this report,¹⁷⁷ more than four-fifths (82.1%) provide some kind of assistance to GA/GR recipients in accessing SSI, either through information, application, and reconsideration assistance, appeals assistance, or through a contract with a private entity. This report of best practices analyzes these programs and compiles input from program managers and advocates across the state to recommend programmatic elements that have been successful in helping GA/GR recipients to transition onto SSI.

Some county programs that may incidentally benefit GA/GR recipients but that are not targeted to this population were not captured in survey responses, and as such, are not accounted for here.

We were greatly assisted by the law firm O'Melveny & Myers which helped to organize and tabulate the data.

Interviews

In addition, from November 2009 through June 2010, HCA conducted follow up interviews with managers at county and non-profit programs.

Appendix B: Health Consumer Alliance GA/GR to SSI Specialists

Alameda County

Steve Weiss

Staff Attorney
Bay Area Legal Aid
1735 Telegraph Ave.
Oakland, CA 94612
(510) 250-5206
sweiss@baylegal.org

Doris Ng

Staff Attorney
Bay Area Legal Aid
1735 Telegraph Ave.
Oakland, CA 94612
(510) 250-5252
Dng@baylegal.org

Jaclyn W. Piñero
Director of Grants &
Contracts

Bay Area Legal Aid
1735 Telegraph Ave.
Oakland, CA 94612
(510) 250-5229
jpinero@baylegal.org

Amador County

See Sacramento County

Butte County

See Sacramento County

Calaveras County

See Sacramento County

Colusa County

See Sacramento County

Contra Costa County

Susun Kim

Managing Attorney
Bay Area Legal Aid
Richmond Office
1025 Macdonald Ave.
Richmond, CA 94802
(510) 233-9954
SuKim@baylegal.org

Del Norte County

See Sacramento County

El Dorado County

See Sacramento County

Fresno County

Nora Salazar-Hernandez

Paralegal
Fresno Health Consumer
Center
Central California Legal
Services, Inc.
1401 Fulton St., 7th Fl.
Fresno, CA 93721
(559) 570-1239
nsalazar@centralcallegal.
org

Monica Blanco-Etheridge

Project Director
Fresno Health Consumer
Center
A project of CCLS
1401 Fulton St., 7th Fl.
Fresno, CA 93721
(559) 570-1266
monica@centralcallegal.
org

Chris Schneider

Executive Director
Central California Legal
Services, Inc.
1401 Fulton St., 7th Fl.
Fresno, CA 93721
(559) 570-1214
chris@centralcallegal.org

Glenn County

See Sacramento County

Humboldt County

See Sacramento County

Lake County

See Sacramento County

Lassen County

See Sacramento County

Los Angeles County

Kate Meiss

Supervising Attorney
Administrative Law Advocacy
Group
Neighborhood Legal Services
of Los Angeles County
1104 East Chevy Chase Dr.
Glendale, CA 91205
(818) 291-1778
kmeiss@nls-la.org

Vanessa Lee

Supervising Attorney
Neighborhood Legal Services
of Los Angeles County
1104 East Chevy Chase Dr.
Glendale, CA 91205
(818) 291-1780
vanessalee@nls-la.org

Barbara Siegel

Managing Attorney
Health Consumer Center of
Los Angeles
Neighborhood Legal Services
13327 Van Nuys Blvd.
Pacoima, CA 91331
(818) 834-7572
BFrankel@nls-la.org

Marin/Napa County

See Contra Costa County

Mendocino County

See Sacramento County

Modoc County

See Sacramento County

Nevada County

See Sacramento County

Orange County

Nancy Rimsha

Directing Attorney
Orange County Health
Consumer Action Center
Legal Aid Society of
Orange County
2101 N. Tustin Ave.
Santa Ana, CA 92705
(714) 571-5229
nrimsa@legal-aid.com

Fatemeh Bagheri

Advocate
Health Consumer Action
Center
Legal Aid Society of
Orange County
2101 N. Tustin Ave.
Santa Ana, CA 92705
(714) 571-5237
fbagheri@legal-aid.com

Kathryn Tarbell

Staff Attorney
Health Consumer Action
Center
Legal Aid Society of
Orange County
2101 N. Tustin Ave.
Santa Ana, CA 92705
(714) 571-5265
ktarbell@legal-aid.com

Placer County

See Sacramento County

Plumas County

See Sacramento County

Sacramento County

Julie Aguilar Rogado

Acting Program Director
Health Rights Hotline
519 12th St.
Sacramento, CA 95814
(916) 551-2179
jaguilar@lncs.net

Amy Williams

Managing Attorney
Legal Services of Northern
California
Health Rights Hotline
519 12th St.
Sacramento, CA 95814
(916) 551-2137 or 551-2100
(888) 354-4474
awilliams@lncs.net

Santa Clara County

Julie Patiño

Managing Attorney
Bay Area Legal Aid
San José Office
2 West Santa Clara St.,
8th Fl.
San José, CA 95113
(408) 283-3700
JPatino@baylegal.org

San Diego County

Greg Knoll

Executive Director/
Chief Counsel
Legal Aid Society of
San Diego, Inc.
1475 Sixth Avenue, 4th Fl.
San Diego, CA 92101
(619) 471-2620 or
744-0935
(877) 734-3258 (toll free)
GEK@cchea.org

Daniel Melcher

SSI Advocacy Program
Manager
Legal Aid Society of
San Diego
1475 Sixth Avenue, 4th Fl.
San Diego, CA 92101
(619) 471-2648
DanielM@lassd.org

Michele Melden

(619) 223-4243
mmelden@pacbell.net

Carol Neidenberg

Mental Health
Program Manager
Consumer Center for
Health Education &
Advocacy
Legal Aid Society of
San Diego, Inc.
1475 Sixth Avenue, 4th Fl.
San Diego, CA 92101
(619) 471-2612 or 744-0935
(877) 734-3258 (toll free)
CarolN@cchea.org,

San Francisco County

Don Medearis

Staff Attorney
Bay Area Legal Aid (SF)
1035 Market Street, 6th Fl.
San Francisco, CA 94103
(415) 982-1300
Dmedearis@baylegal.org

Mike Keys

Staff Attorney
Community Health
Advocacy Project
Bay Area Legal Aid
San Francisco Office
1035 Market Street, 6th Fl.
San Francisco, CA 94103
(415) 982-1300 or 354-6339
Mkeys@baylegal.org

San Mateo County

Chris Douglas

Staff Attorney
Health Consumer Center of
San Mateo County
Legal Aid Society of
San Mateo County
The Natalie Lanam Justice
Center
521 East 5th Ave.
San Mateo, CA 94402
(650) 375-0185, ext. 3302
cdouglas@legalaidsmc.org

Shasta County

See Sacramento County

Sierra County

See Sacramento County

Siskiyou County

See Sacramento County

Solano County

See Sacramento County

Tehama County

See Sacramento County

Trinity County

See Sacramento County

Yolo County

Amy Williams

See Sacramento County

Statewide Contacts

Kate Meiss

Neighborhood Legal Services of LA County
(See Los Angeles County)

Abbi Coursolle

Greenberg Traurig Equal Justice Works Staff Attorney
Western Center on Law and Poverty
3701 Wilshire Blvd, Suite 208
Los Angeles, CA 90010
(213) 235-2622 or 487-7211
acoursolle@wclp.org

Lorraine Jones

Senior Attorney
National Health Law Program
HCA Statewide Office
2639 S. La Cienega Blvd.
Los Angeles, CA 90034-2603
jones@healthlaw.org
www.healthconsumer.org

Katie Murphy

Staff Attorney
Western Center on Law and Poverty
3701 Wilshire Blvd., Suite 208
Los Angeles, CA 90010
KMurphy@wclp.org

Endnotes

- 1 Cal. Dept. of Social Services, Public Assistance Facts and Figures (March 2010), available at: <http://www.cdss.ca.gov/research/res/pdf/Paff/2010/PAFFMar10.pdf>.
- 2 Maria Martinez & Luciana Garcia, Return on Investment: How SSI Advocacy Became a Standard Practice in San Francisco 3 (2008), available at <http://www.sfdph.org/dph/files/SSIdocs/ROI-SSIAvocacySFrev05022008.pdf> [hereinafter SF SSI Advocacy Investment Report].
- 3 Halil Toros, Max Steven, and Manuel H. Moreno, The General Relief Housing Subsidy and Case Management Pilot Project: An Evaluation of Participant Outcomes and Cost Savings 32 (2009), available at <http://www.cwda.org/downloads/tools/ga/GR%20Outcomes-Report-%20090409.pdf> [hereinafter GR Housing/Case Management Pilot Report].
- 4 Dennis P. Culhane & Stephen Metraux, Using Adult Linkages Project Data for Determining Patterns and Costs of Services Use by General Relief Recipients in Los Angeles County 23 (2009), available at http://works.bepress.com/dennis_culhane/87/ [hereinafter Linkages-Costs of Services Study].
- 5 Memorandum from William T. Fujioka, Chief Executive Officer of Los Angeles County, to Board of Supervisors 4 (July 28, 2009), available at http://works.bepress.com/cgi/viewcontent.cgi?article=1086&context=dennis_culhane.
- 6 GR Housing/Case Management Pilot Report, supra note 3, at 32.
- 7 Although SSA has made several improvements to the process in recent years to make it more “user-friendly,” the SSI application process is still long and involved. Those who lack stable housing, who have mental disabilities, or who have limited literacy face special challenges. See infra pages 7–8; see also email from Ron Dudley, Mental Health Client Specialist, County of Santa Cruz SSI Advocacy Program, to Abbi Coursolle (June 30, 08:50 PST).
- 8 Linkages-Costs of Services Study, supra note 4, at 16.
- 9 In the LA Linkages study, between 32% (first time applicants) and 42% (long-term users of GR) of the GR population were found to be disabled by the county welfare department. These individuals used county services at a rate almost double the average of the GR population as a whole. Linkages-Costs of Services Study, supra note 4, at 16, 19.
- 10 The study analyzed costs in six departments—DPSS, Health Services, Public Health, Mental Health, Sheriff’s Department, and Probation. Linkages-Costs of Services Study, supra note 4, at 14 chart ES-1 & ES-2.
- 11 GR Housing/Case Management Pilot Report, supra note 3, at 31 (“... service utilization costs are three times lower for [GA/GR-SSI] pilot participants. ...the highest absolute savings are observed in the hospital services and incarceration costs.”).
- 12 Fujioka, supra note 5, at 4.
- 13 Linkages-Costs of Services Study, supra note 4, at 2.
- 14 Health costs included inpatient, emergency room, out-patient care, public health and mental health services. Linkages-Costs of Services Study, supra note 4, at 14 table ES-2.
- 15 Id. at 5.
- 16 Id. at 14 table ES-2.
- 17 Id. at 16.
- 18 The Lewin Group, Costs of Serving Homeless Individuals in Nine Cities 5 (2004) (on file with author); Ndubuisi Chimara, et al., The Impact of General Assistance Time Limits in Alameda County, 6, 22 (1997) (report prepared for the Alameda County Social Services Agency by Graduate Student Interns from the University of California, Berkeley, Goldman School of Public Policy and Graduate School of Social Welfare).
- 19 See National Law Center on Homelessness & Poverty, Out of Sight, Out of Mind: A Report on Anti-Homeless Laws, Litigation, and Alternatives in 50 United States Cities (1999), available at <http://www.nlchp.org/content/pubs/Out%20of%20Sight1.pdf>.
- 20 Linkages-Costs of Services Study, supra note 4, at 10–11, 13–14.
- 21 Mary Larimer et al., *Health Care and Public Service Use and Costs Before and After Provision of Housing for Chronically Homeless Persons with Severe Alcohol Problems*, 301 JAMA 1349–1357. (Apr. 2009), available at <http://jama.ama-assn.org/cgi/content/full/301/13/1349> (examining outcomes of a “Housing First” program that provides expedited housing placement, no “readiness” or abstinence requirements, and assertive engagement in health and recovery support services for chronically homeless people); Martha Burt & Tia Martinez, *Impact of Permanent Supportive Housing on the Use of Acute Care Health Services by Homeless Adults*. 57 PSYCHIATRIC SERVICES 992, 992–99 (2006) (Eighty-one percent of chronically homeless participants remained stably housed after a year. Participants experienced even greater declines in emergency room visits and inpatient admissions after living in supporting housing for two years); Dennis P. Culhane et al, *Public Service Reductions Associated with Placement of Homeless Persons with Severe Mental Illness in Supportive Housing*, 13 HOUSING POLICY DEBATE 1 (2002) (seminal study finding that the total costs of housing and providing services to a chronically homeless individual is almost the same as maintaining that same person in homelessness due to county service utilization).
- 22 Daniel Flaming, Patrick Burns & Michael Matsunaga, Economic Roundtable, Where We Sleep: Costs When Homeless and Housed in Los Angeles 1 (2009), available at http://www.economicrt.org/summaries/Where_We_Sleep.html [hereinafter Where We Sleep]. The study examines supportive housing that is housing that is affordable to the tenant, without a limit on the length of stay, and offers an array of social services.
- 23 Id.
- 24 Id. at 20–21.
- 25 Id. at 17–18.
- 26 Id. at 2, 18.
- 27 Id. at 56. See also Daniel Flaming, Michael Matsunaga & Patrick Burns, Economic Roundtable, Tools for Identifying High-Cost, High-Need Homeless Persons (2010), available at http://www.economicrt.org/summaries/Tenth_Decile_Study.html.
- 28 Linkages-Costs of Services Study, supra note 4, at 16.
- 29 Daniel Flaming, Michael Matsunaga & Patrick Burns, Economic Roundtable, Tool for Calculating Model-Estimate of Probability That a Given is in the 9th and 10th/10th Decile(s) (2010), See: available at http://www.economicrt.org/summaries/Tenth_Decile_Study.html (A new tool to identify the most high cost individuals for targeted services and housing) [hereinafter Calculating Model-Estimate].

- 30 GR Housing/Case Management Pilot Report, *supra* note 3, at 36 (this figure was derived by the authors of this paper by dividing the total first year savings of \$7,553,000 by the 900 participants in the estimate).
- 31 SF SSI Advocacy Investment Report, *supra* note 2, at 3.
- 32 See General Relief and Interim Assistance to Applicants for SSI/SSP Monthly caseload and Expenditure Statistical Report, <http://www.dss.cahwnet.gov/research/PG343.htm> [hereinafter GR 237 Reports].
- 33 Program costs across the country and returns vary from \$2.5 million in 2004 for the New York Disability Advocacy Project (yielding a return to the City of over \$6.5 million in averted public assistance and Medicaid costs) to \$18,000 for the first year of the Social Security / Benefits Outreach project at Welcome House, a drop-in center for people who are homeless in Covington Kentucky program for one part time position and a laptop (recouped \$85,000 in billing). Compare Legal Services NYC, Disability Advocacy Project, http://www.legalservicesnyc.org/index.php?option=com_content&task=view&id=115&Itemid=149, with Soar National Technical Assistance Teleconference: Funding and Sustaining Community-based SSI Outreach 2 (Nov. 3, 2008), available at <http://www.prainc.com/SOAR/training/pdfs/SustainabilityTranscript.pdf> [hereinafter SOAR Sustainability Teleconference].
- 34 Sue E. Estroff et al., No Other Way to Go: Pathways to Disability Income Application Among People with Severe, Persistent Mental Illness, in *Mental Disorder, Work Disability, and the Law* 55, 78 (Richard J. Bonnie & John Monahan, eds., University of Chicago Press 1997).
- 35 For example, in January 2010, 81.7% of GA recipients in Sacramento County had less than a high school level education (no high school diploma or GED). Chia Ly, GA Active Cases and Passed Eligibility Persons for the Month of January 2010, CAPS-Management reporting unit 1 (2010).
- 36 For example, in December 2009, 7.8% of Los Angeles County GR recipients reported primarily speaking a language other than English; that same month, 16.2% of San Francisco CAAP recipients reported primarily speaking a language other than English. Los Angeles County Department of Public Social Services, Information and Statistical Services Section, Bureau of Contract and Technical Services, Caseload Characteristics Report: December 2009 at 2 (2010); San Francisco Human Services Agency-Finance and Planning Unit, December 2009 CAAP Quarterly Report 3 (2010).
- 37 GR Housing/Case Management Pilot Report, *supra* note 3, at 21 n.19.
- 38 In 2008, there were 2,526,298 initial applications filed. A little more than 1/3 were approved (36%) with almost 2/3 being denied (64% or 1,618,830). Most of those who were denied did not appeal (about two thirds). Of the 37% (546,599) who filed a request for reconsideration, only 14% were allowed and 86% were denied. Of those that filed appeals, 63% were granted. SSA, Office of Disability Program Management Information, March 6, 2009 (reprinted in the May 2009 NOSSCR Social Security Forum Newsletter) (on file with author).
- 39 GR Housing/Case Management Pilot Report, *supra* note 3, at 1 (participants agreed to pay \$115–136 from their grant to a landlord to participate, and the pilot project paid up to \$300 per month to the landlord).
- 40 *Id.* at 7.
- 41 *Id.* at 21 n.19 (Regression analysis showed they were ten times more likely to apply relative to control group participants.)
- 42 *Id.* at 21–22.
- 43 *Id.* at 21 n.19.
- 44 Dropping on average from 63% to 17%; measured as a percentage of time they are homeless over their stay in the GR program during the observed period. *Id.* at 23.
- 45 *Id.* at 26.
- 46 *Id.* at 24.
- 47 *Id.* at 34–36. Savings are based on reimbursement for county medical costs from Medi-Cal and reimbursement of GR expenditures from Interim Assistance Reimbursement as well as savings in other county programs. The evaluators also assume that service costs for SSI-eligible GR recipients would remain high if they do not enter the pilot program, but that some non-pilot participants would be approved for SSI even without pilot participation. *Id.* The authors of this report converted the county's estimated program savings of \$7,553,000 in the first year to this per person amount by dividing the total savings by 900 (the number of participants used in the savings estimates).
- 48 See *id.* at 36 and 36 table 18. (Total County cost savings of the program in year two was \$19,326,000 for 900 individuals).
- 49 *Id.*
- 50 *Id.* at 35.
- 51 *Id.* at 16.
- 52 BeyondShelter.org, Housing First: Ending Family Homelessness, http://www.beyondshelter.org/aaa_initiatives/ending_homelessness.shtml
- 53 National Alliance to End Homelessness, Community Snapshot: Alameda County (2010), available at <http://www.endhomelessness.org/content/article/detail/2983>.
- 54 Supportive housing is housing affordable to the tenants, with services connected to the housing.
- 55 Where We Sleep, *supra* note 22, at 1.
- 56 *Id.*
- 57 Joint Access to Benefits (JAB)—SSI Continuum From Prison/Jail to Community Release, Department of Community Justice, Multnomah County, Oregon, (2004), available at http://www.co.multnomah.or.us/dcj/asd_tsu_chart_JAB_timeline020105.doc [hereinafter Joint Access to Benefits].
- 58 Deborah Dennis, Yvonne Perret, Aaron Seaman & Susan Milstrey Wells, SSI/SSDI Outreach, Access & Poverty, Expediting Access to SSA Disability Benefits: Promising Practices for People who are Homeless at 2, available at <http://www.prainc.com/SOAR/soar101/PromisingPractices.pdf> [hereinafter SOAR Promising Practices].
- 59 SOAR Sustainability Teleconference, *supra* note 33, at 1.
- 60 See: <http://www.hud.gov/offices/cpd/homeless/programs/splusc/>; see also: <http://www.hud.gov/offices/cpd/homeless/programs/index.cfm>; To find information on a local contact you can contact the local continuum of care agency, To do so go to: <http://www.hudhre.info/index.cfm?do=viewCocContacts&st=CA&cSort=cocNum> And then you can search by state and geographic region.
- 61 Interview by Abbi Coursolle with Bill Jost, Program Manager, LassenWORKS (Apr. 7, 2010).
- 62 Interview by Abbi Coursolle with Maria Gardner, Division Chief & Susie Valencia, Program Manager, County of Santa Barbara Department of Social Services (Apr. 13, 2010).
- 63 Interview by Abbi Coursolle with Jeff Henson, Analyst, Humboldt County Department of Health & Human Services Social Services Branch (Mar. 24, 2010).
- 64 Interview by Abbi Coursolle with Bill Jost, *supra* note 61.
- 65 Interview by Abbi Coursolle with Ron Dudley, Mental Health Client Specialist, County of Santa Cruz SSI Advocacy Program (Mar. 12, 2010).
- 66 Santa Cruz county benefit staff people are able to get a determination of most clients' applications within 45 days; 75% of applications are successful at the application stage. Of those that are denied and end up going to hearing, 90% are reversed by the ALJ. Most successful applications are based on clients' functionality. *Id.*

- 67 Id.
- 68 SOAR Promising Practices, *supra* note 58, at 4.
- 69 E-mail from Margaret Retz, SSI/SSDI Outreach and Representation Project, Philadelphia Legal Assistance to Lorraine Jones (Feb. 3, 2010, 14:50 PST).
- 70 Screening/Identification, Referral and Tracking Requirements, New York State Office of Temporary and Disability Assistance Administrative Directive, o8-ADM-05 (July 18, 2008) at 7, available at <http://onlineresources.wnyc.net/pb/docs/o8-adm-05.pdf>.
- 71 Email from Mary Donovan, WIB Director Employment & Training Program, Marin County, to Angie Ventura, Operations Assistant, Western Center on Law & Poverty (June 15, 2020, 10:40 PST) (car must be used for medical appointments or employment).
- 72 Email from Christiana J. Smith, Deputy Director, Solano County Employment and Eligibility Services, to Angie Ventura, Operations Assistant, Western Center on Law & Poverty (June 15, 2020, 15:18 PST).
- 73 Resolution to Amend the Adopted Rules, Regulations and Policies, and Establishing Standards of Aid and Care for Indigent and Dependent Poor Who Are Residents of the County of Yuba, Res. No. 2009–91, § 6.4(2) (2009).
- 74 GR Housing/Case Management Pilot Report, *supra* note 3, at 32–33.
- 75 Id. at 33.
- 76 Interview by Abbi Coursolle with Bill Jost, *supra* note 61.
- 77 Interview by Abbi Coursolle with Jeff Henson, *supra* note 63.
- 78 Interview by Abbi Coursolle with Maria Gardner & Susie Valencia, *supra* note 62.
- 79 Interview by Dora Luna, Managing Attorney, Neighborhood Legal Services of Los Angeles County with Rebecca Needer, Supervisor, Human Services Agency of San Francisco (July 10, 2009). Interview by Kate Meiss with Dr Thomas Neill, Manager Health Services, County Adult Assistance Programs, San Francisco, Human Services Agency (December 14, 2009). PowerPoint-SF GA/CAAP SSI Case Management, Dr. Thomas Neill, PhD (on file with author).
- 80 E-mail from Carol Neidenberg, Legal Aid Society of San Diego’s Consumer Center for Health Education and Advocacy to Kate Meiss (May 18, 2010, 18:55 PST).
- 81 Id.
- 82 Interview by Kate Meiss with Dr Thomas Neill, *supra* note 79.
- 83 Interview by Abbi Coursolle with Maria Gardner & Susie Valencia, *supra* note 63.
- 84 Interview by Abbi Coursolle with Jeff Henson, *supra* note 63.
- 85 Interview by Abbi Coursolle with Bill Jost, *supra* note 61.
- 86 Interview by Abbi Coursolle with Ron Dudley, *supra* note 65.
- 87 Health and Disability Advocates, Chicago, IL, SSI Homeless Outreach Project report: January 1, 2007–June 30, 2008 at 3 (on file with author) [SSI Homeless Outreach Project Report].
- 88 E-mail from Sarah F. Anderson, Managing Attorney, Health & Disability Unit, Greater Boston Legal Services to Lorraine Jones (Jan. 6, 2010, 19:52 PST).
- 89 Yvonne Perret & Deborah Dennis, SSI/SSDI Outreach, Access & Recovery, Module II: Engaging the Applicant, Stepping Stones to Recovery: A Training Curriculum for Case Managers Assisting Adults who are Homeless, with Social Security Disability and Supplemental Security Income Applications 14, available at <http://www.prainc.com/SOAR/training/pdfs/HandyTips/Handy%20Tips-%20Module%20II.pdf>.
- 90 Id. at 1.
- 91 SOAR Promising Practices, *supra* note 58, at 4. Deborah Dennis, Yvonne Perret, Aaron Seaman & Susan Milstrey Wells, SSI/SSDI Outreach, Access & Poverty, Expediting Access to SSA Disability Benefits: Promising Practices for People who are Homeless 4, available at <http://www.prainc.com/SOAR/soar01/PromisingPractices.pdf> [hereinafter SOAR Promising Practices].
- 92 Interview by Abbi Coursolle with Bill Jost, *supra* note 61.
- 93 SF SSI Advocacy Investment Report, *supra* note 2, at 3–4.
- 94 At the end of the two-year pilot program, the SFDPH determined that the pilot produced an 86% SSI award rate. In addition, 93% of those awarded SSI also received SSI-linked Medi-Cal benefits. Based on reimbursement funds received retroactively from Medi-Cal and the SSA, SFDPH realized over \$3 million in new revenues from only 227 SSI awards. See SF SSI Advocacy Investment Report, *supra* note 2, at 3.
- 95 Joint Access to Benefits, *supra* note 57.
- 96 See SSI Advocacy Project, Alameda County Pre-Release Agreement (2010) (on file with author) [hereinafter Alameda County Pre-Release Agreement].
- 97 E-mail from Carol Neidenberg, Legal Aid Society of San Diego’s Consumer Center for Health Education and Advocacy to Kate Meiss (June 7, 2010, 18:48 PST).
- 98 For more information on MHSA see http://www.dmh.ca.gov/prop_63/MHSA/default.asp
- 99 See, e.g., Mental Health Services Act (MHSA) in Alameda County Supportive Housing Resources, <http://www.ci.berkeley.ca.us/ContentDisplay.aspx?id=10524>. See also City of Berkeley Mental Health Division, Mental Health Services Act (MHSA) Community Supports and Services (CSS) Implementation Progress Report (2007), available at: http://www.ci.berkeley.ca.us/uploadedFiles/Health_Human_Services/Level_3_-_General/mhsadraftimplementationprogressreport.pdf.
- 100 Yvonne M. Perret, Hospital Partnerships: A Win-Win Under SOAR (2008), Policy Research Associates, Inc., Delmar, N.Y. at 2, available at <http://www.prainc.com/SOAR/community/pdfs/HospitalPartnerships.pdf>.
- 101 Interview by Kate Meiss with Dr Thomas Neill, *supra* note 79.
- 102 Interview by Abbi Coursolle with Jeff Henson, *supra* note 63.
- 103 E-mail from Steve Weiss, Attorney, Bay Area Legal Aid to Kate Meiss (June 30, 2010, 14:43 PST).
- 104 Id.
- 105 Interview by Abbi Coursolle with Ron Dudley, *supra* note 65.
- 106 Interview by Abbi Coursolle with Jeff Henson, *supra* note 63.
- 107 Interview by Kate Meiss with Dr Thomas Neill, *supra* note 79.
- 108 Email from Nancy Rimsha, Directing Attorney, Health Consumer Action Center, Legal Aid Society of Orange County to Kate Meiss (June 7, 2010, 11:47PST).
- 109 The New York State Office of Temporary and Disability Assistance’s Bureau of Training and Management Analysis offers a web-based training course called “The Local District Guide to the SSI Process” to district staff. SSI—Screening/Identification, Referral and Tracking Requirements, New York State Office of Temporary and Disability Assistance Administrative Directive, o8-ADM-05 (July 18, 2008) at 13, available at <http://onlineresources.wnyc.net/pb/docs/o8-adm-05.pdf>.
- 110 The staff of the Colorado Coalition for the Homeless, Benefits Acquisition and Retention Team conducts regular in-service trainings. SOAR Promising Practices, *supra* note 58, at 7.

- 111 “Documenting Disability” published a handbook for homeless clinicians to assess their patients who are applying for SSI. This group has held trainings for clinicians around the country. E-mail from Sarah F. Anderson, Managing Attorney, Health & Disability Unit, Greater Boston Legal Services, to Lorraine Jones (Jan. 6, 2010, 11:52:00 PST).
- 112 SOAR uses SAMHSA’s Stepping Stones to Recovery curriculum to provide staff training. SSI/SSDI Outreach, Access and Recovery (SOAR) Training Manual (Policy Research Associates, Inc., Delmar, N.Y.), <http://www.prainc.com/SOAR/training/manual.asp>.
- 113 E-mail from Sarah F. Anderson, Managing Attorney, Health & Disability Unit, Greater Boston Legal Services, to Lorraine Jones (Jan. 6, 2010, 11:52 PST).
- 114 SOAR Promising Practices, *supra* note 58, at 4.
- 115 Interview by Abbi Coursolle with Jeff Henson, *supra* note 63.
- 116 Interview by Abbi Coursolle with Bill Jost, *supra* note 61.
- 117 Interview by Abbi Coursolle with Maria Gardner & Susie Valencia, *supra* note 62.
- 118 E-mail from Amy L. Stump, Paralegal, Inland County Legal Services, Victorville, Cal. to Lorraine Jones (Jan. 6, 2010, 14:17 PST).
- 119 Interview by Abbi Coursolle with Ron Dudley, *supra* note 65.
- 120 Interview by Nancy Rimsha, Directing Attorney, Health Consumer Action Center, Legal Aid Society of Orange County with Christina Bennett, Program Manager, SSI OUTREACH program, Mental Health Association of Orange County (January 11, 2010).
- 121 Interview by Abbi Coursolle with Ron Dudley, *supra* note 65.
- 122 SOAR Sustainability Teleconference, *supra* note 33, at 7.
- 123 Legal Services of New Jersey. See: <http://www.lsnj.org/represent.htm#ssi> (last visited Jan. 28, 2010).
- 124 SOAR Sustainability Teleconference, *supra* note 33, at 11.
- 125 University of Notre Dame Law School. See: <http://law.nd.edu/legal-aid-clinic/about/current-clinical-projects/disability-benefits-project/> (last visited June 28, 2010).
- 126 Interview by Nancy Rimsha, Directing Attorney, Health Consumer Action Center, Legal Aid Society of Orange County with Christina Bennett, Program Manager, SSI OUTREACH program, Mental Health Association of Orange County (January 11, 2010).
- 127 E-mail from Christina Bennett, Program Manager, Mental Health Assn of Orange County, SSI OUTREACH program to Nancy Rimsha, Directing Attorney, Health Consumer Action Center, Legal Aid Society of Orange County (January 12, 2010, 13:44 PST).
- 128 E-mail from Sherrill Martin, Benefits Specialist, Mental Health Advocacy Services to Vanessa Lee, Supervising Attorney, Neighborhood Legal Services (March 29, 2010, 13:12 PST).
- 129 *Id.*
- 130 Interview by Abbi Coursolle with Bill Jost, *supra* note 61.
- 131 Interview by Abbi Coursolle with Jeff Henson, *supra* note 63.
- 132 Interview by Abbi Coursolle with Ron Dudley, *supra* note 65.
- 133 Interview by Kate Meiss with Dr Thomas Neill, San Francisco, *supra* note 79.
- 134 E-mail from Sam Tuttelman, Employment Development Director, Alameda County Social Services Agency to Steve Weiss (Apr. 29, 2010, 07:38 PST).
- 135 E-mail from Margaret Retz, SSI/SSDI Outreach and Representation Project, Philadelphia Legal Assistance to Lorraine Jones (Feb. 3, 2010, 14:50 PST).
- 136 E-mail from Richard P. Weishaupt, Senior Attorney, Community Legal Services, Philadelphia, Pa. to Lorraine Jones (Feb. 10, 2010, 08:37 PST).
- 137 See Calculating Model-Estimate, *supra* note 27.
- 138 Interview by Abbi Coursolle with Ron Dudley, *supra* note 65.
- 139 Interview by Kate Meiss with Dr Thomas Neill, *supra* note 79.
- 140 E-mail from Amy L. Stump, Paralegal, Inland County Legal Services, Victorville, Cal. to Lorraine Jones (Jan. 6, 2010, 14:17 PST).
- 141 SSI Homeless Outreach Project Report, *supra* note 87, at 4.
- 142 Interview by Abbi Coursolle with Bill Jost, *supra* note 61.
- 143 Interview by Abbi Coursolle with Ron Dudley, *supra* note 65.
- 144 SOAR Promising Practices, *supra* note 58, at 6.
- 145 *Id.* at 5.
- 146 Interview by Abbi Coursolle with Ron Dudley, *supra* note 65.
- 147 Interview by Kate Meiss with Dr. Neill, *supra* note 79.
- 148 E-mail from Steve Weiss, Staff Attorney, Bay Area Legal Aid to Kate Meiss (June 30, 2010 10:45 PST).
- 149 SF SSI Advocacy Investment Report, *supra* note 2, at 3.
- 150 For more information about Positiveresources.org see <http://www.positiveresource.org/>.
- 151 SF SSI Advocacy Investment Report, *supra* note 2, at 4.
- 152 *Id.* at 3.
- 153 E-mail from Amy L. Stump, Paralegal, Inland County Legal Services, Victorville, Cal. to Lorraine Jones (Jan. 6, 2010, 14:17 PST).
- 154 NOSSCR Social Security Forum newsletter, *supra* note 38.
- 155 E-mail from Lisa Lunsford, Managing Attorney, Alameda County Homeless Action Center, to Steve Weiss (May 12, 2010, 15:14 PST).
- 156 E-mail from Sherrill Martin, Benefits Specialist, Mental Health Advocacy Services to Vanessa Lee, Supervising Attorney, Neighborhood Legal Services (March 29, 2010, 13:12 PST). As noted above (page 21, MHAS handles 50–60 cases a month).
- 157 E-mail from Carol Neidenberg, Legal Aid Society of San Diego’s Consumer Center for Health Education and Advocacy to Kate Meiss (June 7, 2010, 18:48 PST).
- 158 Interview by Kate Meiss with Dr Thomas Neill, *supra* note 79.
- 159 SSI Homeless Outreach Project Report, *supra* note 87, at 4.
- 160 *Id.*
- 161 Interview by Lorraine Jones with Louise Tarantino, Senior Attorney, Empire Justice Center (Feb. 25, 2010).
- 162 SSI—Screening/Identification, Referral and Tracking Requirements, *supra* note 101.
- 163 See SF SSI Advocacy Investment Report, *supra* note 2, at 4.
- 164 SSA.gov, Social Security handbook: 2186. Interim Assistance Reimbursement, http://www.ssa.gov/OP_Home/handbook/handbook.21/handbook-2186.html.
- 165 See GR 237 Reports, *supra* note 32.
- 166 *Id.*
- 167 California Code of Regulations, Title 22, sec 50148; See also Letter from Madalyn M. Martinez, Chief, Medi-Cal Eligibility Branch, Dept. of Health Services to all County Welfare Directors. (Jan. 27, 1982), available at <http://www.dhcs.ca.gov/services/medical/eligibility/Documents/c82-04.pdf>. See also Letter from Frank S. Martucci, Chief, Medi-Cal Eligibility Branch, Dept’t of Health Servs., to all County Welfare Dirs., all County Admin Officers & all County Medi-Cal Program

Special-ist/Liaisons . Officers (Sept. 8, 1998), available at <http://www.dhcs.ca.gov/services/medical/eligibility/Documents/95-51.pdf>. See also Letter from Frank S. Martucci, Chief, Medi-Cal Eligibility Branch, Dep't of Health Servs., to all County Welfare Dirs., all County Admin. Officers & all County Medi-Cal Program Specialist/Liaisons (Dec. 8, 1995), available at <http://www.dhcs.ca.gov/services/medical/eligibility/Documents/95-81.pdf>.

- 168 Memo from William T. Fujioka to Los Angeles County Board of Supervisors 8 (Feb. 9, 2010) (on file with author); email to Kate Meiss from LaShonda Diggs, Program Director, General Relief and CAPI Programs Section, Los Angeles County Department of Public Social Services, (June 30, 2010, 15:47 PST).
- 169 GR Housing/Case Management Pilot Report, *supra* note 3, at 36.
- 170 This conclusion is consistent with the current state of academic research on the cost of homeless and the benefit of providing services, especially housing, to individuals who are homeless. See GR Housing/Case Management Pilot report at 2–3.
- 171 SF SSI Advocacy Investment Report, *supra* note 2, at 4.
- 172 *Id.*
- 173 *Id.*
- 174 SOAR Sustainability Teleconference, *supra* note 33, at 4.
- 175 *Id.* at 1.
- 176 Interview by Lorraine Jones with Lisa Parsons, Attorney Coordinator, SSI Outreach Project, Health and Disability Advocates, in Chicago, IL (Jan. 28, 2010).
- 177 Two counties (Alpine and Madera) did not respond in time to be included.

