



Mainstreaming the Response to Homelessness:

ACCESSING SOCIAL SECURITY BENEFITS

SUMMARY REPORT:
Meetings & Local Post-Meeting Activities
to Increase Social Security Benefits Access
for People Experiencing Homelessness

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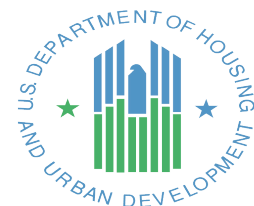
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&

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Background

There is widespread consensus about the need for greater integration and collaboration between homeless and mainstream service systems. Greater system integration can assist communities in their efforts to prevent and end homelessness.¹ Key to these efforts is linking people experiencing homelessness with mainstream resources addressing their ongoing housing, service and income needs. A recent HUD guidebook, BUILDING EFFECTIVE COALITIONS, recommends strategies to encourage mainstream systems' involvement in planning and providing services accompanying housing components.²

The Social Security Administration's Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) programs are two of the most important mainstream resources available to people with low incomes. They provide crucial income support that can prevent people from becoming homeless again. SSI and SSDI can provide those already homeless with income to assist them in regaining housing and stability. Most states also provide full Medicaid coverage to SSI recipients³ and SSDI recipients automatically receive Medicare coverage after two years of disability,⁴ so these resources provide critical links to health and mental health services as well.

However, research has shown that people experiencing homelessness underutilize these resources. A 1996 national homelessness survey found that 11% of homeless persons receive SSI benefits.⁵ However, many homeless people,

¹ See MARTHA R. BURT ET AL., U.S. DEPT. OF HOUS. AND URBAN DEVELOPMENT, EVALUATIONS OF CONTINUUMS OF CARE FOR HOMELESS PEOPLE: FINAL REPORT XV, 71-86, 147 (2002) (discussing the key role integrating with mainstream systems has in increasing a Continuum of Care's ability to meet the needs of people experiencing homelessness)

² See ICF INTERNATIONAL & ADVOCATES FOR HUMAN POTENTIAL, U.S. DEPT. OF HOUS. AND URBAN DEVELOPMENT, BUILDING EFFECTIVE COALITIONS 22-26 (2009) (providing strategies for collaborating with mainstream agencies and building an inclusive planning process)

³ See Social Security Online, Medicaid Information, at <http://www.ssa.gov/disabilityresearch/wi/medicaid.htm> (stating the following:

“Thirty-two states and the District of Columbia provide Medicaid eligibility to people eligible for Supplemental Security Income (SSI) benefits. In these States, the SSI application is also the Medicaid application. Medicaid eligibility starts the same months as SSI eligibility. The following jurisdictions use the same rules to decide eligibility for Medicaid as SSA uses for SSI, but require the filing of a separate application: Alaska, Idaho, Kansas, Nebraska, Nevada, Oregon, Utah, Northern Mariana Islands. The following States use their own eligibility rules for Medicaid, which are different from SSA's SSI rules. In these States a separate application for Medicaid must be filed: Connecticut, Hawaii, Illinois, Indiana, Minnesota, Missouri, New Hampshire, North Dakota, Ohio, Oklahoma, Virginia.”)

⁴ See SOCIAL SECURITY ADMINISTRATION, SSA PUBLICATION NO. 05-10029, ICN 456000, DISABILITY BENEFITS 15 (2009), available at <http://www.ssa.gov/pubs/10029.html> (stating that “[y]ou will get Medicare coverage automatically after you have received disability benefits for two years.”)

⁵ See MARTHA R. BURT ET AL., HOMELESSNESS: PROGRAMS AND THE PEOPLE THEY SERVE: SUMMARY REPORT: FINDINGS OF THE NATIONAL SURVEY OF HOMELESS ASSISTANCE PROVIDERS AND CLIENTS XX, 12, 29-30 (1999) (providing national survey findings on SSI benefits use). See *id.* at 36 for comparison to a

particularly those with mental illness, should be eligible to receive SSI benefits,⁶ so are not receiving benefits they could be accessing. In addition, a longitudinal study of 397 homeless adults in Alameda County, California, reported the difficulties of some homeless sub-populations (e.g., dual diagnosis, substance abuse disorders) of sustaining entitlement income for which they were eligible.⁷

Technical Assistance to Address Low Access

To address these issues, the U.S. Department of Housing and Urban Development, Office of Community Planning and Development – San Francisco Regional Office (HUD-CPD), the U.S. Social Security Administration (SSA), and HomeBase, a HUD Technical Assistance Provider, coordinated and designed targeted technical assistance meetings in five locations. These meetings were focused on increasing collaboration between homeless service providers and SSA staff. Each meeting’s objectives were to foster local action on increasing SSA benefits access for people who are homeless, and to seek solutions to barriers participants identified.

HUD-CPD and SSA co-hosted the meetings held in a range of locations. HomeBase facilitated the meetings hosted on the dates below:

- San Francisco (October 30, 2007)
- Sacramento (November 1, 2007)
- Richmond (February 11, 2008)
- Phoenix (March 11, 2008)
- Fresno (March 13, 2008)

Meeting participants included Continuum of Care Coordinators, staff of HUD-funded homeless services and housing providers, managers and staff from the SSA and the state Disability Determination Services, and HUD staff. These participants represented 24 Continuums of Care:

- Alameda County
- Arizona-Rural
- Contra Costa County
- Fresno/Madera
- Kings/Tulare
- Maricopa County
- Marin County

1987 and discussing major SSI rule changes taking effect after the 1996 survey that reduced client eligibility for at-risk populations.

⁶ See ICF INTERNATIONAL, U.S. DEPT. OF HOUS. AND URBAN DEVELOPMENT, ACCESSING MAINSTREAM RESOURCES 27 (2008) (describing SSI, SSDI, and other mainstream supports and improving access for people experiencing homelessness)

⁷ See Cheryl Zlothnick, Dr. P.H. et al., *A Longitudinal Perspective on Entitlement Income Among Homeless Adults*, PSYCHIATR. SERV. 49: 1039-1042 (AUG. 1998) (providing statistics showing perceived disability, SSI/SSDI benefits, and other entitlement access at baseline, 5 months, and 15 months)

- Mendocino County
- Merced County
- Monterey County
- Napa County
- Placer County
- Sacramento County
- San Francisco County
- San Joaquin County
- San Mateo County
- Santa Clara County
- Santa Cruz County
- Shasta County
- Solano County
- Sonoma County
- Southern Nevada
- Tucson/Pima County
- Yolo County

Best Practices Highlighted During the Meetings

The following summarizes some of the best practices highlighted in the 5 meetings:

Intensive Case Management Combined with Dedicated Benefits Advocate

Santa Cruz County has implemented a program focused on using the skills and resources of its Homeless Persons Health Program (HPHP) Teams to obtain favorable Social Security benefit determinations at the initial application level. Four intensive case management teams of up to 18 case management staff (i.e., public health nurses, social workers, Masters in Social Work student interns) work together with a dedicated benefits advocate to help their clients access Social Security benefits.

The case management staff develops relationships with clients by performing other Health Care for the Homeless services and then engages them in the benefits application process. The application process has become an outreach tool for the team. Staff members identify clients who are likely to be eligible for benefits and refer them to the dedicated benefits advocate. The case management team supports the application process by guiding the client through the complex medical system, specialty care appointments, and providing additional psychosocial evidence of disability. At the same time, the benefits advocate prepares the application materials, gathers medical records, interacts with a client's assigned DDS analyst, and identifies the client as homeless to the DDS analyst.

The program had achieved significant successes for its clients, including chronically homeless individuals, by the time of the meetings:

- 194 chronically homeless individuals had been enrolled in the program
- 115 clients awarded benefits at initial application (70% approval rate)
- Average number of 78 days from initial application to approval
- 48 additional clients approved at reconsideration and hearing level

The program realized significant local cost savings. The benefits advocate successfully pursued 10 Administrative Law Judge reversals in 2007 that generated \$500,000 for Santa Cruz County. The first three cases paid for the benefits advocate's salary for five years.

Team-Based Model for Benefits Advocacy

San Francisco has expanded a successful pilot project that changed its benefits advocacy model. Prior to the pilot project, advocates independently served clients and contacted clinicians for clients' medical evidence. The pilot focused on serving and supporting mental health clinic staff to obtain Social Security benefits for targeted clients. The community-based organization leading the pilot project partnered with mental health clinics, and trained their clinicians on SSA disability criteria and documentation. They worked together developing Social Security benefits applications and gathering medical evidence. Clinicians also referred clients to obtain related legal services. Selected outcomes include the following:

- 86% award rate with an average of 12 months of retroactive benefits; 69% of individuals awarded were experiencing homelessness, with the majority (56%) of them chronically homeless
- 93% brought SSI-linked Medi-Cal benefits, averaging 10 months of retroactive Medi-Cal coverage
- \$3.17 million in new revenue for 227 awards over two years, with an average SSI Advocacy Services cost of \$2,834 per award, for a 5-to-1 hard dollar return on their investment in the first year alone.

The pilot project provided sufficient cost savings to expand into a comprehensive Advocacy Program offering legal and clinical service models, community-based representative-payee services, and administrative personnel. Social Security benefits advocates from three programs serve all outpatient mental health clinics, jail health, methadone maintenance programs, primary care clinics, and inpatient psychiatric units.⁸

⁸ See MARIA X. MARTINEZ & LUCIANA GARCIA, SAN FRANCISCO DEPT. OF PUBLIC HEALTH, RETURN ON INVESTMENT: HOW SSI ADVOCACY BECAME A STANDARD OF PRACTICE IN SAN FRANCISCO (2008) (providing a City and County of San Francisco report on the pilot project results)

Electronic Disability Claims

SSA has developed a paperless case processing system using online applications and electronic medical records. This process significantly contributes to shorter application processing times. Agencies assisting with applications can become approved to transmit Electronic Medical Evidence directly to SSA. Client records are scanned to SSA's Secure Website with the DDS bar code cover sheet, so client records are deposited directly into their electronic disability claim folder.

Targeting Community Training

The meetings presented the following potential training topics:

- Training on Electronic Filing
- Training for Case Managers and Line Staff to actively assist people experiencing homelessness with Social Security benefits applications, including interviewing applicants, observing their functioning, arranging for medical assessments, obtaining prior records, writing summaries, and compiling applications
- Training on Documenting Disability for Medical Professionals
- Training for attorneys
- Training by Santa Cruz Homeless Persons Health Project
- Seminar about identifying persons with cognitive disabilities
- Seminar about creating pre-release agreements
- Strategic planning to improve access to Social Security benefits, including identifying barriers and priorities and making a plan to adopt promising practices to enhance access to benefits.

Best Practices Adopted by Meeting Participants

HomeBase followed up with participants to learn about local changes they were able to make as a result of the meetings. Some communities have made impressive changes to overcome barriers people experiencing homelessness face in accessing SSA benefits, including the following:

Barrier: Local government offices and homeless providers are unfamiliar with SSA application requirements and procedures

Solution: Holding focused SSA trainings and conducting these on a regular basis.

- Many participants held local SSA trainings targeting different participants in the SSA application process, including: Yolo County, Sacramento County, Alameda County, Maricopa County, Monterey County, Placer County, San Francisco County, Santa Clara County, Contra Costa County, San Mateo County, Sonoma County, Fresno County, Solano County, and San Joaquin County.
- Alameda County plans to offer semi-annual, open-audience SSA benefits' trainings to improve the application approval rate by limiting the number of

applications filed by persons without proper training. Merced County has arranged for annual SSA presentations and trainings to increase community knowledge of SSA processes.

- Sacramento County held SSA and other trainings for providers, then engaged in community planning to provide follow-up support. The community awarded points in the annual funding competition to agencies that were taking steps to improve Social Security benefits access for their clients.

Barrier: Uncoordinated planning for client benefit access

Solution: Work towards integrating the SSA or DDS into the community's homeless assistance system by encouraging SSA or DDS participation in the Continuum of Care.

- Napa County has a SSA representative attending all their monthly Continuum of Care meetings. SSA has regularly attended the meetings of the Alameda County's Continuum of Care General Assistance/SSI Advocacy Work Group/Advisory Group for the past 18 months. SSA staff has attended Solano County's Continuum of Care meetings. Sacramento County also has SSA staff attend its Interagency Council meetings.
- DDS outreach staff have come to at least one Sonoma County Continuum of Care planning group meeting.

Barrier: Many individuals are discharged from short- and medium-term mental health programs and correctional facilities without incomes

Solution: Establish partnerships between mental health and correctional programs and the SSA

- Alameda County plans to establish a Pre-Release Agreement between the SSA, mental health programs and correctional facilities. This agreement would allow for improved submission and review of new applications for benefits, re-instatement of lost benefits, and reductions in the number of individuals discharged without an income source.

Barrier: Many clients receiving local General Assistance benefits are eligible for, but not accessing, Social Security benefits

Solution: Create a specialized unit focusing on Social Security benefits access within the local government agency providing General Assistance benefits

- Alameda County has created a new SSI/SSDI unit within the Alameda County Social Services focusing on its General Assistance benefits.
- Santa Clara County has established an SSI Steering Committee within its county social services agency to enhance access to benefits.

Barrier: Many times homeless clients must initiate the Social Security benefits process despite facing difficulties related to their homelessness (e.g., lack of transportation to local SSA offices)

Solution 1: Improve client outreach by implementing automatic contacts to SSA when a trigger event occurs

- Sacramento County has instituted a collaborative program between its Transitional Living and Community Support and Sutter Hospital's emergency room. The program creates a trigger in which SSA contacts are called after a patient visits the emergency room three times within 12 months.

Solution 2: Improve client outreach by utilizing Project Homeless Connect events to connect to potentially eligible Social Security benefits clients who are experiencing homelessness

- SSA has participated in Project Homeless Connect events in San Mateo, Contra Costa and San Francisco Counties. As a result, these counties have been able to provide several hard-to-serve individuals with benefits information.

Barrier: Many communities have low Social Security benefits initial application approval rates

Solution: Pursue a team approach using intensive case management and trained, dedicated benefits advocates

- Alameda County is adapting the Santa Cruz County's team approach model to improve its initial application approval rate for SSI/SSDI benefits. The County's new SSI/SSDI unit within the Alameda County Social Services is coordinating the effort with SSA staff.

For More Information

To apply for Social Security benefits:

<http://www.ssa.gov/applyfordisability/index.htm>

To find out more about the meeting and best practices discussed in this report:

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