

>> HELLO, EVERYONE,
AND WELCOME TO SOCIAL SECURITY'S
NATIONAL DISABILITY FORUM ON
HOMELESSNESS: WORKING WITH
STAKEHOLDERS TO IMPROVE ACCESS
TO SSA BENEFITS AND SERVICES.
I WOULD NOW LIKE TO TURN
IT OVER TO STEVE ROLLINS,
ACTING ASSOCIATE COMMISSIONER
FOR THE OFFICE OF DISABILITY
POLICY AT THE SOCIAL
SECURITY ADMINISTRATION.

>> GOOD AFTERNOON AND
GOOD MORNING TO THOSE
ON THE WEST COAST.
THANK YOU FOR JOINING US TODAY.
MY NAME IS STEVE ROLLINS,
AND I AM THE ACTING ASSOCIATE
COMMISSIONER FOR THE OFFICE OF
DISABILITY POLICY HERE AT THE
SOCIAL SECURITY ADMINISTRATION.
I HAVE THE PLEASURE OF WELCOMING
YOU TO OUR 22ND NATIONAL
DISABILITY FORUM ENTITLED
HOMELESSNESS: WORKING WITH
STAKEHOLDERS TO IMPROVE ACCESS
TO SOCIAL SECURITY BENEFITS
AND SERVICES, PART 2.
ON BEHALF OF ACTING COMMISSIONER
KIJAKAZI, SSA EXECUTIVES,
AND EVERYONE AT THE SOCIAL
SECURITY ADMINISTRATION,
WE HOPE ALL OF YOU ARE WELL.
BEFORE I CONTINUE,
I WOULD LIKE TO GO OVER
SOME HOUSEKEEPING ITEMS.
FIRST, I WANT TO INFORM
EVERYONE THAT THE NATIONAL
DISABILITY FORUM IS A
PUBLIC FORUM AND MAY INCLUDE
REPRESENTATIVES OF THE PRESS,
SO, ANY STATEMENTS OR COMMENTS
MADE DURING THE FORUM MAY BE
CONSIDERED ON THE RECORD.
THIS VIRTUAL FORUM IS BEING
RECORDED AND WILL BE AVAILABLE
ON THE NATIONAL DISABILITY
FORUM'S WEBSITE WITHIN FOUR
WEEKS OR SO AFTER TODAY'S FORUM.
SECOND, WE HAVE DISABLED
THE CHAT, MICROPHONE,
AND VIDEO FEATURE
FOR OUR ATTENDEES.
IF YOU DIALED INTO
THIS TEAMS MEETING,
PLEASE USE YOUR

PHONE'S MUTE FEATURE.
AND THIRD, WE ARE OFFERING TWO
ACCESSIBILITY FEATURES TODAY.
AS YOU SEE,
WE HAVE AN AMERICAN SIGN
LANGUAGE INTERPRETER,
BUT THEN WE ALSO HAVE
CLOSED CAPTIONING.
IF YOU WOULD LIKE TO
USE CLOSED CAPTIONS,
PLEASE GO TO YOUR
MS TEAMS TOOLBAR,
CLICK ON THE THREE DOTS
ENTITLED MORE, SCROLL DOWN,
AND SELECT THE "TURN ON
LIVE CAPTIONS" OPTION.
NOW, DURING TODAY'S FORUM,
WE HOPE TO LEARN FROM OUR
PANELISTS, STAKEHOLDERS,
ADVOCATES, RESEARCHERS,
AND THE PUBLIC,
ABOUT HOW SOCIAL SECURITY
CAN IMPROVE ACCESS TO
SOCIAL SECURITY BENEFITS AND
SERVICES FOR INDIVIDUALS
EXPERIENCING HOMELESSNESS
OR HOUSING INSECURITY.
NOW, IT IS MY PLEASURE TO
WELCOME AND INTRODUCE THE
CHIEF OF STAFF FOR THE SOCIAL
SECURITY ADMINISTRATION,
SCOTT FREY.
SCOTT HAS A RICH HISTORY OF
PUBLIC SERVICE WITH MORE
THEN 30 YEARS OF LEGISLATIVE
AND POLICY EXPERIENCE.
THROUGHOUT HIS CAREER,
SCOTT HAS BEEN A CHAMPION OF
PROGRAMS THAT HELP WORKING
FAMILIES WITH A CONSISTENT
FOCUS ON LABOR RIGHTS, HEALTH,
AND RETIREMENT POLICY.
IN JANUARY 2021,
SCOTT WAS NAMED CHIEF
OF STAFF FOR THE SOCIAL
SECURITY ADMINISTRATION.
PRIOR TO THIS APPOINTMENT,
SCOTT SERVED IN SEVERAL
OTHER CAPACITIES,
INCLUDING ON THE BIDEN-HARRIS
SOCIAL SECURITY ADMINISTRATION
TRANSITION TEAM.
HE WAS DIRECTOR OF THE FEDERAL
GOVERNMENT AFFAIRS AT THE
AMERICAN ASSOCIATION OF STATE,
COUNTY, AND MUNICIPAL EMPLOYEES.
HE ALSO SERVED AS THE DEPUTY

COMMISSIONER FOR LEGISLATIVE
AND CONGRESSIONAL AFFAIRS
HERE AT SOCIAL SECURITY.
AND HE'S ALSO SERVED AS
THE EXECUTIVE DIRECTOR OF
THE NATIONAL COMMITTEE TO
PRESERVE SOCIAL SECURITY
AND MEDICARE FOUNDATION.
SO, WITH THAT, SCOTT,
I WELCOME YOU TO THE
NATIONAL DISABILITY FORUM,
AND THE FLOOR IS YOURS.
THANKS.

>> THANK YOU, STEVE,
FOR THAT KIND INTRODUCTION.
AND I JUST WANT TO THANK
ALL OF YOU FOR JOINING
US TODAY FOR PART 2 OF
OUR NATIONAL DISABILITY
FORUM ON HOMELESSNESS.
JEFF OLIVET, HEAD OF THE
U.S. INTERAGENCY COUNCIL
ON HOMELESSNESS,
OPENED PART 1 OF THE
FORUM LAST MONTH.
THE GOAL OF THAT COUNCIL
IS TO PREVENT AND END
HOMELESSNESS IN AMERICA.
SOCIAL SECURITY IS A PROUD
PARTNER IN THIS NATIONAL
EFFORT TO ADDRESS THE
CRISIS OF UNSHELTERED
HOMELESSNESS AND ENCAMPMENTS.
UNSHELTERED HOMELESSNESS
WAS A PUBLIC HEALTH CRISIS
EVEN BEFORE THE PANDEMIC,
AND LIKE MANY OTHER
CHALLENGES COVID-19 HAS
EXACERBATED THE PROBLEM.
HELPING PEOPLE LIVING
UNSHELTERED IN ENCAMPMENTS
OR IN VEHICLES IS ONE OF
THE MOST CHALLENGING ISSUES
FACING MANY COMMUNITIES.
IN HIS REMARKS,
JEFF SHARED A STORY TO HIGHLIGHT
WHAT A CRITICAL SOCIAL SECURITY
COULD BE FOR PEOPLE EXPERIENCING
HOUSING INSTABILITY.
FOR A FAMILY JEFF
ONCE WORKED WITH,
SOCIAL SECURITY DISABILITY
BENEFITS MEANT THE DIFFERENCE
BETWEEN SAFETY AND ACCESS
TO EDUCATION FOR THE
FAMILY'S CHILDREN.

I COULDN'T AGREE MORE WITH
JEFF'S CONCLUSION: ACCESS TO
BENEFITS CAN CHANGE LIVES.
WE LOOK FORWARD TO CONTINUING
COLLABORATION WITH JEFF
AND THE COUNCIL,
AS WELL AS OTHER FEDERAL
AGENCIES AND OTHER AGENCIES
TO COORDINATE THE FEDERAL
RESPONSE TO HOMELESSNESS.
IN OUR DISCUSSION TODAY WE
WILL FOCUS ON THE DISABILITY
ADJUDICATION PROCESS,
INCLUDING DEVELOPING
MEDICAL RECORDS,
TIPS AND CONSIDERATION
FOR ADJUDICATION,
AND HOW SOCIAL SECURITY
BENEFITS SUPPORT INDIVIDUALS
AS THEY TRANSITION INTO HOUSING.
ACCORDING TO THE NATIONAL
RACIAL EQUITY WORKING GROUP,
RACIAL DISCRIMINATION
IN HOUSING, EMPLOYMENT,
HEALTH CARE, EDUCATION,
CRIMINAL JUSTICE,
AND OTHER SYSTEMS CONTRIBUTE
TO HIGH RATES OF HOMELESSNESS
FOR PEOPLE OF COLOR.
IT'S IMPORTANT TO UNDERSTAND
HOW STRUCTURAL RACISM IS A
ROOT CAUSE OF HOMELESSNESS.
ONE OF COMMISSIONER KIJAKAZI'S
OVERARCHING PRIORITIES IS
TO ENSURE THAT OUR PROGRAMS
ARE FAIR AND EQUITABLE,
THAT WE ARE REMOVING
BARRIERS TO ACCESS,
AND PROVIDING EXCELLENT
CUSTOMER SERVICE.
EVERYONE WHO IS ELIGIBLE FOR
BENEFITS SHOULD RECEIVE THEM.
OUR EQUITY ACTION PLAN,
ALONG WITH OUR PEOPLE
FACING BARRIERS INITIATIVE,
SEEK TO REMOVE BARRIERS
THAT LIMIT ACCESS TO OUR
PROGRAMS AND SERVICES,
ESPECIALLY FOR PEOPLE
EXPERIENCING HOUSING
INSTABILITY, AS WELL AS
FOR THE AGED CHILDREN,
PEOPLE WITH MENTAL ILLNESS,
INDIVIDUALS WITH LOW INCOME,
AND THOSE WITH LIMITED
ENGLISH PROFICIENCY.
FOR INDIVIDUALS WHO MEET THE SSI

PROGRAM'S ELIGIBILITY CRITERIA,
IT ALSO MEANS ACCESS TO
OTHER BENEFITS, LIKE SSNAP,
THE AFFORDABLE CONNECTIVITY
PROGRAM, AND MEDICAID.
THESE BENEFITS ARE VITAL.
THEY ARE THE DIFFERENCE
BETWEEN GOING WITHOUT FOOD
OR BUYING MEDICINES.
TO HELP FACILITATE
ACCESS TO SSI,
WE LAUNCHED A NEW ONLINE
SSI PROTECTIVE FILING TOOL
EARLIER THIS YEAR WHICH
ALLOWS INDIVIDUALS,
OR SOMEONE ASSISTING THEM,
TO ANSWER A FEW QUESTIONS THAT
PROVIDE US WITH SUFFICIENT
INFORMATION TO SCHEDULE
AN APPOINTMENT FOR AN SSI
APPLICATION INTERVIEW AND
PROTECT FILING DATES --
OR THE FILING DATE FOR
BENEFIT PURPOSES.
THIS ENSURES THAT ELIGIBLE
INDIVIDUALS RECEIVE BENEFITS
AS EARLY AS POSSIBLE.
WE'RE ALSO WORKING TO SIMPLIFY
THE SSI APPLICATION AND CREATE
AN ONLINE INTUITIVE APPLICATION
THAT WILL MAKE IT EASIER
TO APPLY FOR BENEFITS.
IN ADDITION TO THESE
INITIATIVES, SSA WORKS WITH
OTHER FEDERAL AGENCIES TO
IMPROVE ACCESS TO BENEFITS.
FOR EXAMPLE,
WE COLLABORATE WITH THE
SUBSTANCE ABUSE AND MENTAL
HEALTH SERVICES ADMINISTRATION
ON THE SSI AND SSDI OUTREACH
ACCESS AND RECOVERY PROGRAM,
OR SOAR.
THE SOAR PROCESS IS DESIGNED
TO INCREASE ACCESS TO SSA'S
DISABILITY BENEFIT PROGRAMS.
SINCE 2005, THE SOAR PROGRAM
HAS ASSISTED NEARLY 100,000
INDIVIDUALS ACROSS THE COUNTRY,
PEOPLE EXPERIENCING OR AT
RISK OF HOMELESSNESS,
AND WHO HAVE A SERIOUS MENTAL
ILLNESS, MEDICAL IMPAIRMENT,
AND/OR A CO-OCCURRING
SUBSTANCE USE DISORDER.
THANKS TO SOAR, NEARLY 60,000
PEOPLE HAVE BEEN APPROVED

FOR DISABILITY BENEFITS.
USING OUR INTERVENTIONAL
COOPERATIVE AGREEMENT PROGRAM,
WE ARE TESTING THE USE OF
THE SOAR MODEL TO MEASURE ITS
IMPACT ON AT-RISK COMMUNITIES.
ANOTHER EXAMPLE OF OUR
COLLABORATION IS OUR DATA
EXCHANGE WITH THE DEPARTMENT OF
HOUSING AND URBAN DEVELOPMENT.
THE DATA EXCHANGE IS DESIGNED
TO REDUCE, IF NOT ELIMINATE,
THE NEED FOR HUD'S TENANTS
AND APPLICANTS TO VISIT
AN SSA OFFICE IN PERSON.
OUR DATA EXCHANGE AGREEMENT
ALLOWS SSA TO MATCH INDIVIDUALS
RECEIVING HOUSING ASSISTANCE WHO
ARE ALSO RECEIVING SSI BENEFITS.
HUD'S PUBLIC HOUSING AGENCIES
CAN USE THIS DATA TO VERIFY AN
INDIVIDUAL'S SSI BENEFITS WHEN
REDETERMINING THE PERSON'S
ELIGIBILITY FOR CERTAIN
RENTAL ASSISTANCE PROGRAMS.
I LOOK FORWARD TO HEARING FROM
TODAY'S EXPERTS AND SEEING YOUR
FEEDBACK ON HOW WE CAN HELP
PEOPLE ACCESS SSA'S SERVICES.
NOW, I'M GOING TO TURN IT
BACK TO STEVE ROLLINS TO
SHARE MORE INFORMATION
ABOUT TODAY'S FORUM AND
GET OUR PROGRAM UNDERWAY.
THANKS, STEVE.

>> THANK YOU,
THANK YOU, SCOTT.
WE APPRECIATE YOU TAKING
THE TIME TO JOIN US TODAY.
I BELIEVE I SPEAK FOR EVERYONE
IN SAYING THAT WE SINCERELY
THANK YOU AND APPRECIATE
YOUR SERVICE TO, YOU KNOW,
THE PUBLIC AND SOCIAL
SECURITY'S MISSION.
SO, BIOGRAPHIES FOR OUR
EXECUTIVES, OUR MODERATOR,
AND OUR SPEAKERS CAN BE FOUND
ON OUR NATIONAL DISABILITY
FORUM WEBSITE AT WWW.SSA.GOV/NDF
IN THE OUTREACH SECTION UNDER
TODAY'S TAB 10/19/2022.
OKAY.
AS PREVIOUSLY MENTIONED,
THERE IS NO CHAT FEATURE
AVAILABLE FOR YOU TO

MAKE COMMENTS.
HOWEVER, IF YOU WISH TO ASK
A QUESTION OF OUR PANELISTS
OR PROVIDE A COMMENT,
YOU CAN DO SO VIA EMAIL AT
NATIONALDISABILITYFORUM --
AND THAT'S ALL ONE WORD --
AT SSA.GOV.
AGAIN, THAT'S
NATIONALDISABILITYFORUM@SSA.GOV.
PLEASE INCLUDE YOUR NAME
AND YOUR EMAIL QUESTION.
BUT REMEMBER,
WHEN SUBMITTING A QUESTION,
PLEASE DO NOT INCLUDE ANY
PERSONALLY IDENTIFIABLE
INFORMATION SUCH AS SOCIAL
SECURITY NUMBER OR ADDRESS.
WE ARE MONITORING THE MAILBOX
THROUGHOUT THE FORUM AND WILL
SHARE QUESTIONS WITH THE
MODERATOR AS TIME ALLOWS.
IF YOUR QUESTIONS ARE NOT
ANSWERED DURING THE FORUM,
WE WILL MAKE EVERY EFFORT TO
ANSWER THE QUESTION VIA EMAIL
AFTER THE FORUM OR SHARE
THEM WITH THE APPROPRIATE
OFFICE HERE WITHIN SSA.
IN A FEW WEEKS,
WE WILL PROVIDE A LINK TO
THE RECORDING ON OUR NATIONAL
DISABILITY FORUM WEBSITE
AT WWW.SSA.GOV/NDF IN THE
OUTREACH SECTION UNDER
TODAY'S TAB 10/19/2022.
NOW, AS WITH ALL NATIONAL
DISABILITY FORUMS,
TODAY GIVES YOU,
OUR STAKEHOLDERS,
AN OPPORTUNITY TO SHARE
YOUR UNIQUE INSIGHTS
DIRECTLY WITH US,
INCLUDING THE POLICY MAKERS
HERE WITHIN THE AGENCY.
THE NDF IS NOT INTENDED TO
BE A MEANS FOR REACHING
AN AGREEMENT ON AN ISSUE,
AND SOCIAL SECURITY'S
PARTICIPATION IS ONLY FOR THE
PURPOSE OF GAINING INSIGHT BY
LISTEN TO THE PANELISTS AND
THEIR RESPONSES TO YOUR
QUESTIONS OR COMMENTS.
BY SHARING YOUR THOUGHTS
AND EXPERIENCES,
YOU WILL HELP US SHAPE THE

FUTURE OF SOCIAL SECURITY BY
STRENGTHENING OUR DISABILITY
POLICY DEVELOPMENT AND
CONTRIBUTING TO OUR CONTINUED
EFFORT TO ADDRESS EQUITY
WITHIN OUR DISABILITY
POLICY AND PRACTICES.
THE PURPOSE OF TODAY'S
FORUM IS TO LEARN FROM OUR
PANELISTS HOW SOCIAL SECURITY
CAN IMPROVE ACCESS TO SOCIAL
SECURITY BENEFITS AND
SERVICES FOR INDIVIDUALS
EXPERIENCING HOMELESSNESS
OR HOUSING INSECURITY.
JOY MOSES OF THE NATIONAL
ALLIANCE TO END HOMELESSNESS
WILL MODERATE TODAY'S
PANEL DISCUSSION.
AFTER THE PANEL DISCUSSION,
THERE WILL BE AN OPEN
QUESTION AND ANSWER SESSION.
NOW, AS FAR AS MS. MOSES,
AS I SAID, SHE'S THE DIRECTOR
OF THE HOMELESSNESS RESEARCH
INSTITUTE AT THE NATIONAL
ALLIANCE TO END HOMELESSNESS.
FOR OVER 20 YEARS,
SHE'S WORKED TO REDUCE POVERTY
AND ADVANCE RACIAL JUSTICE
AND IS HAS EXTENSIVELY
PUBLISHED ON THESE TOPICS,
INCLUDING VARIOUS WHITE
PAPERS AND ARTICLES.
MS. MOSES IS A PROUD GRADUATE
OF GEORGETOWN UNIVERSITY LAW
CENTER AND STANFORD UNIVERSITY.
TO LEARN MORE ABOUT MS. MOSES
AND ALL OUR PANELISTS TODAY,
PLEASE VISIT THE NATIONAL
DISABILITY FORUM WEBSITE,
CLICK ON NATIONAL DISABILITY
FORUMS FROM THE RIGHT
SIDE OF THE MENU,
THEN SELECT THE 10/19/2022 TAB.
WE WOULD LIKE TO EXTEND
OUR SINCERE APPRECIATION
TO MS. MOSES,
AS WELL AS TO ALL THE PANELISTS
FOR THEIR PARTICIPATION
IN TODAY'S DISCUSSION.
MS. MOSES, WE WELCOME YOU,
AND THE FLOOR IS YOURS.
AND DON'T FORGET TO
UNMUTE YOURSELF.
[LAUGHTER]

>> GOT IT.
THANK YOU, STEVE.
I APPRECIATE THE WARM WELCOME
AND APPRECIATE THE OPPORTUNITY
TO JOIN SSA AGAIN TODAY FOR
PART 2 OF A DISCUSSION THAT WE
STARTED LAST MONTH ENTITLED
HOMELESSNESS: WORKING WITH
STAKEHOLDERS TO IMPROVE ACCESS
TO SSA BENEFITS AND SERVICES.
TODAY WE WILL HAVE A CLOSED
DISCUSSION WITH FIVE PANELISTS,
EXPERTS IN THEIR FIELD.
AFTER THE DISCUSSION,
WE WILL ACCEPT THE QUESTIONS
VIA EMAIL, AS STEVE MENTIONED.
AS TIME PERMITS,
I WILL SHARE YOUR QUESTIONS
WITH THE PANELISTS.
IF YOU WISH TO ASK A QUESTION
OR PROVIDE A COMMENT BY EMAIL,
PLEASE INCLUDE YOUR NAME
AND LOCATION IN YOUR EMAIL.
THE APPROPRIATE EMAIL ADDRESS IS
NATIONALDISABILITYFORUM@SSA.GOV.
SO, I WANTED TO START THE
CONVERSATION WITH JUST A COUPLE
OF BULLET POINTS INTRODUCING
THE TOPIC OF HOMELESSNESS TO
EVERYONE ON THE LINE TODAY.
HOWEVER, WE WILL SPEND MOST
OF THE TIME TALKING ABOUT
SOCIAL SECURITY AND THE
CONNECTION TO HOMELESSNESS.
BUT I WANTED TO HIGHLIGHT
A COUPLE OF POINTS,
SPECIFICALLY, THAT THE LAST TIME
THAT THERE WAS A FULL COUNT OF
HOMELESSNESS PUBLISHED BY HUD,
THERE WERE OVER 580,000 PEOPLE
EXPERIENCING HOMELESSNESS.
THIS WAS IN JUNE OF --
I'M SORRY -- JANUARY OF 2020.
AND THIS REPRESENTS
18 OUT OF EVERY 10,000
PEOPLE IN THE UNITED STATES.
ESSENTIALLY, THERE HAS BEEN
A LONG-TERM TREND OF MODEST
DECLINES IN HOMELESSNESS
SINCE DATA HAS BEEN COLLECTED,
BUT THAT TREND HAD STARTED
TO REVERSE AS WE HEADED
INTO THE PANDEMIC.
BEGINNING IN ABOUT 2017 WE
STARTED SEEING NUMBERS INCREASE.
A BIG ISSUE THAT PEOPLE OFTEN
LIKE TO TALK ABOUT IS THE

GROUP OF PEOPLE THAT ARE EXPERIENCING HOMELESSNESS. IT IS CERTAIN DEMOGRAPHICS THAT ARE OVERLY REPRESENTED IN THE POPULATION. FOR INSTANCE, 70% ARE PEOPLE LIVING AS INDIVIDUALS, AS OPPOSED TO THE 30% THAT ARE LIVING AS FAMILIES. OF THE INDIVIDUALS, 70% ARE MALE, AND AS IN MANY OTHER AREAS OF ANTI-POVERTY POLICY, PEOPLE OF COLOR ARE OVER-REPRESENTED WITHIN THE POPULATION, SPECIFICALLY AMERICAN INDIANS, BLACK PEOPLE, AND HISPANICS. IN RECENT YEARS, THERE HAS BEEN RESEARCH THAT HAS BEEN HIGHLIGHTING GROWING NUMBERS OF OLDER ADULTS EXPERIENCING HOMELESSNESS AND SOUNDING THE ALARM ABOUT THE PREVALENCE OF DISABILITY AND CHRONIC HEALTH CONDITIONS AMONGST PEOPLE LIVING UNSHELTERED. WITH THAT, I WANT TO LAUNCH INTO THE CONVERSATION. HOPEFULLY THAT WILL GIVE YOU SOME BROAD POINTS SO THAT YOU UNDERSTAND A LITTLE BIT ABOUT THE POPULATION. OF COURSE, I WELCOME YOU TO VISIT THE ALLIANCE'S WEBSITE AT HOMELESSNESS.ORG TO LEARN MORE. AND ALSO, OBVIOUSLY ANOTHER GOOD SOURCE IS HUD'S WEBSITE AND THEIR VARIOUS REPORTS, INCLUDING THE AHAR REPORT, WHICH HIGHLIGHTS THE POINT IN TIME IN COUNT, BUT ALSO, SHELTER COUNTS. SO, I'M GOING TO, AS I MENTIONED, LAUNCH INTO THE CONVERSATION. I WANT TO INTRODUCE OUR ESTEEMED PANEL THAT INCLUDES YVONNE PERRET, WHO IS THE EXECUTIVE? DIRECTOR FOR THE ADVOCACY AND TRAINING CENTER. DR. RICHARD CHO, A SENIOR ADVISOR FOR HOUSING SERVICES FOR THE U.S. DEPARTMENT OF HOUSING

AND URBAN DEVELOPMENT.
MICHELE LEVY,
MANAGING ATTORNEY FOR THE
HOMELESS ADVOCACY PROJECT.
CLAIRE RAMSEY,
CHIEF DEPUTY DIRECTOR FOR
THE CALIFORNIA DEPARTMENT
OF SOCIAL SERVICES.
AND KATIE LEAGUE,
CLINICAL POLICY MANAGER
WITH THE NATIONAL HEALTH CARE
FOR THE HOMELESS COUNCIL.
SO, A GOOD PLACE TO START IS
THAT WE KNOW THAT A LOT OF YOU
ARE CONCERNED ABOUT HOW TO
CONNECT PEOPLE EXPERIENCING
HOMELESSNESS WITH BENEFITS,
AND I WANT TO START THE
CONVERSATION THERE WITH
A COUPLE OF QUESTIONS
RELATED TO THAT ISSUE.
SO, THE FIRST ONE FOR OUR
PANELISTS: DURING THE PANDEMIC,
WE IMPLEMENTED AT SSA ADDITIONAL
FOLLOW-UP REQUESTS AND LEVERAGED
TELEHEALTH TO EXPAND OPTIONS
FOR CONSULTATIVE EXAMINATIONS,
YET WE EXPERIENCED INCREASED
RATES OF NO RESPONSE
AND NO ACTION.
DO YOU, AS PANELISTS,
HAVE ANY RECOMMENDATIONS FOR
HOW TO BEST REACH AND OBTAIN
COOPERATION FROM INDIVIDUALS
EXPERIENCING HOMELESSNESS?
AND PLEASE DON'T BE SHY.
FEEL FREE TO JUMP IN.

>> DO YOU WANT US TO
JUST JUMP IN?
>> YES, THAT WOULD BE GREAT.
>> OKAY.
I ALWAYS HAVE IDEAS.
SO, THIS IS YVONNE PERRET,
AND I AM ALSO THE PRIMARY
FOUNDER OF SOAR.
I THINK FROM THE BEGINNING
OF APPLICATION,
IT'S CRITICALLY IMPORTANT
TO HAVE AT LEAST ONE
THIRD-PARTY CONTACT WITH
A WORKABLE PHONE NUMBER.
WE USED TO ASK PEOPLE IF --
OR STILL ASK PEOPLE IF
THERE'S ANYONE AT ALL THAT
THEY KEEP IN TOUCH WITH AT
ANY SORT OF REGULAR BASIS,

AND OFTEN YOU'LL FIND THAT
THOSE FOLKS ARE NOT LOCAL.
SO THAT'S ONE OF THE
SUGGESTIONS I HAVE.
THE OTHER SUGGESTION IS USING
TEXT AS OPPOSED TO MAIL
OR EVEN PHONE CALLS.
A LOT OF OUR FOLKS HAVE
GOVERNMENT PHONES THAT RUN
OUT OF PHONE CALL MINUTES,
BUT THEY STILL ARE ABLE TO TEXT.
AND SO I THINK SOCIAL SECURITY
SHOULD THINK ABOUT USING
TEXT AS A POSSIBILITY.
TELEHEALTH HAS BEEN HELPFUL
TO SOME EXTENT BUT NOT
GREAT FOR PEOPLE WITH
MENTAL HEALTH PROBLEMS.
THE REASON IS THAT IT IS HARD
TO ASSESS SOMEONE OVER THE
PHONE BECAUSE YOU REALLY NEED
TO OBSERVE BODY REACTIONS,
BODY LANGUAGE,
SHIFTS IN THE CHAIR,
THAT KIND OF THING.
IT'S BETTER THAN NOTHING,
BUT IT'S STILL REALLY
DIFFICULT IN TERMS OF
AN ACCURATE ASSESSMENT.
PLUS, THE FACT THAT OFTEN
CE'S ARE VERY SHORT.
I KNOW THEY SHOULD BE LONGER,
BUT THEY'RE NOT.
AND SO, IF YOU THINK ABOUT
SPEAKING WITH SOMEONE
FOR 15 OR 20 MINUTES,
YOU ARE NOT GOING TO GET A CLEAR
UNDERSTANDING OF THEIR MENTAL
HEALTH PROBLEMS IN THAT WAY.
THOSE ARE THE PEOPLE THAT I
SERVE AND THAT MEAN
SO MUCH TO ME.
THE LAST SUGGESTION --
TWO OTHER SUGGESTIONS,
IS REALLY CLOSE COLLABORATION
WITH KNOWN COMMUNITY PROVIDERS.
I THINK THAT THAT COLLABORATION
COULD REALLY BE FOSTERED
BY EACH FIELD OFFICE,
AND COULD BE CONTACTED TOO JUST
SEE IF FOLKS KNOW THAT PERSON.
THE ISSUE OF RELEASE OF
INFORMATION, OF COURSE,
IS IMPORTANT,
AND I WOULD SUGGEST
CONSIDERING USING A
MULTIAGENCY RELEASE FORM,

WHICH IS HIPAA COMPLIANT
AND LEGAL,
SO THAT IT COULD INCLUDE
ALL OF THE COMMUNITY
AND LOCAL PROVIDERS,
SO SOCIAL SECURITY COULD EASILY
REACH OUT TO THEM WITHOUT
HAVING FEAR OF VIOLATING
ANY CONFIDENCES.
SO THOSE ARE MY QUICK THOUGHTS.
THANK YOU.

>> JOY, I COULD JUST ADD --
FIRST OF ALL,
I THINK YVONNE'S
IDEAS ARE FABULOUS.
AND I REALLY WANT TO EMPHASIZE
THE POINT ABOUT WORKING WITH
KIND OF TRUSTED PROVIDERS THAT
MANY PEOPLE EXPERIENCING
HOMELESSNESS ARE ALREADY
CONNECTED TO.
AND IN PARTICULAR,
THE PEOPLE WHO CONDUCT
HOMELESS STREET OUTREACH,
WHO ARE OFTEN THE PEOPLE
WHOSE JOB IT IS TO, YOU KNOW,
THEIR FULL-TIME JOB IS TO BUILD
RELATIONSHIPS WITH PEOPLE WHO
ARE EXPERIENCING HOMELESSNESS.
AND I THINK ONE OF THE
THINGS THAT THEY RECOGNIZE
IS THAT A PERSON,
PARTICULARLY THOSE THAT ARE
OFTEN IN UNSHELTERED SETTINGS,
ARE JUGGLING THREE
DIFFERENT THINGS AT ONCE.
ONE IS, THEY'RE DEALING WITH
THEIR OWN SURVIVAL NEEDS,
WHICH IS ITSELF A FULL-TIME JOB.
FIGURING OUT WHERE
YOU'RE GOING TO BE,
HOW YOU'RE GOING TO AVOID
NEGATIVE INTERACTIONS
WITH LAW ENFORCEMENT,
WHERE YOU'RE GOING TO SLEEP,
AND WHERE YOU'RE GOING TO EAT.
THOSE ARE THE PRIMARY CONCERNS.
AND SO OFTEN,
RESPONDING TO REQUESTS
RELATED TO TELEHEALTH IS
THE THING THAT ENDS UP
BEING PUSHED TO THE SIDE.
SECOND, THESE ARE FOLKS
WHO OFTEN HAVE EXPERIENCES?
OF TRAUMA THAT ALSO AFFECT
THEIR ABILITY TO REALLY THINK
AND MAKE DECISIONS THAT WE

MIGHT THINK OF AS RATIONAL,
BUT IN A TRAUMA MINDSET,
WHERE YOU'RE ATTUNED TO A
FIGHT-OR-FLIGHT RESPONSE,
YOU KNOW, YOU MAY BE FOCUSED
MORE ON THOSE IMMEDIATE
KIND OF SURVIVAL NEEDS,
AS I MENTIONED.
AND THEN, OF COURSE,
THIRD IS THAT A LOT OF
PEOPLE HAVE EXPERIENCED A
LOT OF NEGATIVE INTERACTIONS
WITH PUBLIC SERVICE SYSTEMS
AND SO, THEY HAVE BUILT UP
MISTRUST OVER SYSTEMS,
AND SO, THERE'S ALL OF
THAT TO OVERCOME.
SO, ALL OF THAT, I THINK,
CAN BE OVERCOME WHEN YOU'RE
ABLE TO FIGURE OUT WHAT
OUTREACH WORKERS OR SERVICE
PROVIDERS A PERSON EXPERIENCING
HOMELESSNESS IS CONNECTED TO,
AND TO PROBLEM SOLVE WITH THEM.
AND THAT MAY BE A LOT FOR
SOMEONE WHO'S WORKING IN A
SOCIAL SECURITY ADMINISTRATION
FIELD OFFICE TO EXPECT TO DO,
BUT IT IS CRITICAL.
THESE ARE THE FOLKS WHO
ABSOLUTELY NEED BENEFITS THE
MOST AND OFTEN HAVE SO MANY
BARRIERS AND LAYERS OF TRAUMA.
SO JUST WANT TO ECHO THE POINT
THAT YVONNE MADE AND REALLY
URGE FOLKS TO THINK ABOUT
HOW TO CONNECT WITH EXISTING
STREET OUTREACH WORKERS.
>> I WOULD JUST --
>> THANK YOU.
THIS IS KATIE LEAGUE FROM
NATIONAL HEALTH CARE FOR
THE HOMELESS COUNCIL.
AND I ECHO WHAT YVONNE
AND RICHARD SAID.
AND JUST TO ADD,
ONE OF THE WAYS THAT
WE CAN GROW THIS,
THE PANDEMIC HAS SHOWN AND
WE WHO WORKED IN HOMELESS
SERVICES AS OUR CAREER KNOW,
BRINGING THE SERVICES INTO THE
COMMUNITY WHERE INDIVIDUALS ARE
IS ESSENTIAL FOR ACCESS FOR
PROVIDING QUALITY CARE AND
REALLY BUILDING TRUSTWORTHINESS
WITHIN THIS COMMUNITY.

AND IN MY YEARS AS A
SOAR OUTREACH WORKER,
KNOWING THAT THE CE PROVIDERS
WERE OFTEN IN LARGE SYSTEMS,
AND THE INDIVIDUAL HAD TO
GO IN TO THEM AND OFTEN FELT
LIKE THEY NEEDED TO PUT
THEIR BEST FACE FORWARD,
WHICH IS NOT AT ALL WHAT
WE WANTED TO COMMUNICATE,
AND WERE TRYING TO BE
SOMETHING THAT THEY WERE
NOT IN THOSE MOMENTS.
WE KNOW THAT BRINGING CARE
TO WHERE PEOPLE ARE IS THE
BEST WAY TO PROVIDE ACCESS.
I HAVE NOT SEEN,
BUT WOULD LOVE TO SEE
COMMUNITIES THAT BUILD CE
PROVIDERS THAT WILL ACTUALLY
GO IN TO -- HOMELESS SERVICE
PROVIDERS GO IN TO SHELTERS,
GO IN TO IDENTIFY THOSE WITHIN
HEALTH CARE FOR THE HOMELESS
PROVIDERS THAT COULD SERVE
AND PROVIDE THOSE EVALUATIONS.
THEY KNOW THE INDIVIDUALS BEST.
THEY KNOW HOW TO BUILD
TRUSTWORTHINESS WITH INDIVIDUALS
EXPERIENCING HOMELESSNESS,
AND CAN REALLY GET DOWN TO THE
LAYERS OF WHAT IT IS THAT IS
IMPACTING A PERSON'S ABILITY
TO PERFORM CERTAIN ACTIVITIES
AND HAVE A MORE ACCURATE AND
MORE COMPREHENSIVE ASSESSMENT.
>> CAN I ADD ONE QUICK THING?
SORRY, WE BUILD ON EACH OTHER.
BUT I THINK THE OTHER THING IS,
TRYING TO FIGURE OUT WAYS,
AND PERHAPS WITH MEDICAL
SCHOOLS AND -- EXCUSE ME --
PH.D. PSYCHOLOGY SCHOOLS,
WHETHER OR NOT WE COULD
ENCOURAGE PEOPLE TO GO
OUT WITH OUTREACH WORKERS,
CASE MANAGERS, SOCIAL WORKERS,
THOSE OF US WHO ARE OUT THERE,
TO DO ON-THE-STREET EVALUATIONS.
WE WERE ABLE TO DO THAT
WITH THE PROJECT THAT
BECAME THE MODEL FOR SOAR,
AND ONE OF OUR PSYCHIATRISTS
WAS ALWAYS WILLING TO GO.
I CAN'T TELL YOU WHAT
DIFFERENCE THAT MADE,
BECAUSE PEOPLE WILL NOT COME

INTO PLACES THEY DON'T TRUST.
AND THEY OFTEN DON'T TRUST,
AS RICHARD SAID,
SOCIAL SECURITY,
LARGE HOSPITALS, PSYCHIATRISTS,
MENTAL HEALTH STAFF,
ALL OF US WHO ARE
TRYING TO BE HELPFUL.
AND SO, I THINK WE SHOULD WORK
MORE CLOSELY WITH PROFESSIONAL
TRAINING SCHOOLS TO HAVE
SOME OF THEIR INTERNSHIPS
BE WITH OUTREACH WORKERS.
>> AND I JUST WANTED TO ADD,
SO, I WORK FOR THE DEPARTMENT OF
SOCIAL SERVICES AND WE HOLD BOTH
THE DISABILITY DETERMINATION
SERVICES FOR CALIFORNIA
WITHIN OUR DEPARTMENT,
AND HAVE A HOUSING AND
HOMELESSNESS DIVISION THAT IS
WORKING ON A NUMBER OF DIFFERENT
PROGRAMS TO REALLY HELP US
NAVIGATE THE INTERSECTION OF
SOCIAL SERVICES AND PUBLIC
BENEFITS WITH HOUSING
AND HOMELESSNESS.
AND SO, I JUST WANTED TO FLAG,
I THINK IT'S BUILT ON
WHAT EVERYONE SAID,
BUT WE HAVE WHAT'S CALLED THE
HOUSING AND DISABILITY ADVOCACY
PROGRAM, HDAP IN CALIFORNIA.
AND WHAT THAT'S REALLY ALLOWED
US TO DO IS TO BASICALLY REALLY
HAVE A CASE MANAGER FOR
INDIVIDUALS EXPERIENCING
HOMELESSNESS AS THEY TRY TO
NAVIGATE GETTING INTO HOUSING,
HELPING THEM WITH HOUSING
NAVIGATION PIECE,
BUT ALSO, THE OTHER MAJOR
COMPONENT IS HELPING THEM
APPLY FOR DISABILITY BENEFITS
AND HELPING THEM SEE THEM
THROUGH THE PROCESS.
AND SO, I THINK WE FOUND
THAT HAVING THAT DEDICATED,
TRUSTED CASE MANAGER WHO'S
REALLY WITH PEOPLE EVERY STEP
OF THE WAY HAS BEEN A REALLY
IMPORTANT CONNECTION POINT,
AND IT THEN ALSO MAKES A
BUILT-IN PERSON TO BE A
THIRD-PARTY CONTACT
FOR THE APPLICATION.
AND WE HAVE ALSO FOUND,

BECAUSE WE'RE PROVIDING
HOUSING NAVIGATION SUPPORT,
WE DON'T DO ONGOING HOUSING
SUBSIDIES THROUGH THAT PROGRAM,
BUT WITH THE HOUSING
NAVIGATION WHERE WE ARE ABLE
TO HELP SOMEONE STABILIZE BY
GETTING THEM INTO HOPEFULLY
PERMANENT HOUSING,
BUT EVEN TRANSITIONAL
OR TEMPORARY HOUSING,
GETTING THEM ON TO BENEFITS
BECOMES MUCH, MUCH EASIER.
NEVER EASY, BUT MUCH EASIER.
TO RICHARD'S POINT, YOU KNOW,
WHEN PEOPLE DON'T HAVE TO WORRY
ABOUT THEIR SURVIVAL EVERY DAY,
WHERE ARE THEY GOING TO SLEEP?
ARE THEY SAFE, AND SOME OF
THOSE FEARS CAN BE QUIETED,
IT CAN REALLY HELP ALLOW
THEM TO PARTICIPATE IN THE
DISABILITY EVALUATION
PROCESS MUCH MORE THOROUGHLY,
AND HOPEFULLY HELP THEM
PRIORITIZE THAT IN THEIR
LIFE BECAUSE THEY HAVE A
LITTLE MORE SPACE TO DO SO.
>> THANK YOU FOR FUNDING THAT.
AND THAT'S THE BIGGEST ISSUE.
WE DON'T HAVE -- NOBODY'S PAYING
THESE MANAGERS TO DO THIS.
I MEAN, FRANKLY,
UNLESS THEY'RE LOCATED IN
HEALTH CARE FOR THE HOMELESS
AGENCIES OR, YOU KNOW,
THERE'S SOME MINIMAL FUNDING.
BUT THAT'S REALLY THE ISSUE,
THAT CASE MANAGERS IN MANY
PLACES THAT ARE FUNDED BY
MEDICAID CAN'T DO THE NON
IN-PERSON WORK THAT GOES
ALONG WITH DOING THESE
APPLICATIONS AND GET PAID.
AND THAT'S REALLY,
THAT'S REALLY A CONVERSATION
I THINK THAT'S ACROSS ALL
THE FEDERAL AGENCIES,
AND IF WE REALLY
WANT TO DO SOMETHING,
WE HAVE TO DO SOMETHING
ABOUT THE SILOED FUNDING,
AND FIGURE OUT WAYS TO FUND
WHAT CLAIRE'S PROGRAM IS DOING.
WE KNOW THAT WORKS,
WE JUST DON'T FUND IT.
AND WE COULD.

SORRY.

>> THANK YOU.

SO I'M SURE A LOT OF PEOPLE IN THE AUDIENCE ARE INTERESTED IN ANY SPECIFIC TIPS THE PANEL HAS TO OFFER ABOUT HOW TO HELP CLIENTS THROUGH THE APPLICATION PROCESS IF THEY'RE MISSING INFORMATION OR DOCUMENTS, SPECIFICALLY THEY MAY BE MISSING A MAILING ADDRESS, A SOCIAL SECURITY NUMBER, INFORMATION ABOUT BIRTHPLACE, BIRTH CERTIFICATE, FULL INFORMATION ON PRIOR ADDRESSES.

I'M SURE YOU ALL HAVE SOME EXPERIENCE WITH THIS AREA. PLEASE, AGAIN, JUMP IN, AND CAN I JUST SAY WHEN YOU START TO SPEAK IT WOULD BE HELPFUL FOR THE AUDIENCE IF YOU SAID YOUR NAME AT THE BEGINNING OF YOUR COMMENTS, ESPECIALLY AS WE'RE AT THE BEGINNING OF THIS CONVERSATION. MICHELE, DO YOU WANT TO -- JUMP IN.

>> YEAH, ABSOLUTELY.

SO, I'M MICHELE LEVY WITH THE HOMELESS ADVOCATE PROJECT HERE IN PHILADELPHIA, AND WE ACTUALLY RUN A SOAR PROJECT, WE RUN A NUMBER OF SOAR PROJECTS. YVONNE DID OUR INITIAL TRAINING IN 2006, AND WE KIND OF PIGGYBACKED AND JUST MOVED FORWARD, AND THAT'S BASICALLY WHAT WE FOCUS ON AS AN AGENCY, BECAUSE SSI INCOME IS WHAT OUR CLIENTS WANT AND WHAT IT'S WHAT THEY NEED. IN PENNSYLVANIA THERE'S NO GENERAL ASSISTANCE, SO, OUR CLIENTS COME TO US AND THEY HAVE ZERO INCOME. AND OBVIOUSLY WITH ZERO INCOME YOU'RE NOT RESOLVING YOUR HOMELESSNESS. IN TERMS OF GETTING AN ADDRESS, THERE ARE A LOT OF PLACES THAT ALLOW PEOPLE TO REGISTER TO GET ADDRESSES, AND I THINK THE FIRST THING

IS THAT THERE NEEDS TO
BE A HOMELESS LIAISON,
ESPECIALLY IN SOCIAL SECURITY
OFFICES THAT ARE IN URBAN
AREAS OR WHERE THERE'S A
LARGE HOMELESS POPULATION.
THAT PERSON NEEDS TO BE ABLE
TO GUIDE THE CLAIMANT AS TO
WHAT RESOURCES ARE OUT THERE?
SO THAT BENEFITS CAN BEGIN.
AND ALSO, AND YVONNE MENTIONED
THIS, PARTNERSHIPS.
PARTNERSHIPS ARE CRITICAL.
WE HAVE A 97% MEDICAL
ALLOWANCE RATE,
AND WE'VE SUSTAINED THAT IN OUR
SSI APPLICATION WORK SINCE 2007.
AND THE REASON IS BECAUSE
OF PARTNERSHIPS.
PARTNERSHIPS AT THE SOCIAL
SECURITY ADMINISTRATION,
PARTNERSHIPS AT THE DDS,
AND THEY'RE CRITICAL.
IN FACT, STEVE ROLLINS WAS
A HUGE PARTNER OF OURS AS
WE WERE NAVIGATING SOAR IN
THE STATE OF PENNSYLVANIA,
WELL ACTUALLY IN PHILADELPHIA.
BUT THERE ARE OTHER SOAR
PROJECTS IN PENNSYLVANIA THAT
DON'T HAVE THOSE PARTNERSHIPS,
AND SO, THEIR SUCCESSES ARE NOT
AS SIGNIFICANT.
BUT BY HAVING A LIAISON WHO'S
EDUCATED AS TO WHAT SERVICES
ARE AVAILABLE FOR POTENTIAL
CLAIMANTS IN THE COMMUNITY,
I MEAN THAT, THAT'S KEY,
THAT'S CRITICAL.
AND THAT'S A PERSON THAT SOMEONE
WHO'S HOMELESS AND GOES INTO THE
FIELD OFFICE CAN BE DIRECTED TO.
ALSO, JUST IN TERMS OF
INFORMATION AND, YOU KNOW,
BECAUSE I DON'T WORK FOR
SSA SO I CAN SAY THIS,
SSA HAS A LOT OF
INFORMATION ALREADY,
AND TO MAKE IT DIFFICULT FOR
SOMEONE WHO'S EXPERIENCING
HOMELESSNESS TO PROCEED WITH AN
APPLICATION BECAUSE THEY'RE NOT
PROVIDING INFORMATION THAT SSA
HAS OR CAN AT LEAST DIRECT THEM
TO GET IS REALLY PROBLEMATIC.
I'M JUST THINKING OF THE
WORK HISTORY REPORT.

SO, CLAIMANTS HAVE TO FILE
A WORK HISTORY REPORT.
AND CLAIMANTS ARE EXPECTED TO
KNOW HOW MUCH THEY EARNED AN
HOUR AT A JOB THEY MAY HAVE HELD
FOR THREE MONTHS TEN YEARS AGO.
I'VE ONLY HAD THREE
JOBS MY ENTIRE LIFE,
AND I CANNOT TELL YOU WHAT I
EARNED AT ANYTHING BEFORE
I CAME TO THE HOMELESS
ADVOCACY PROJECT.
AND EARNINGS ARE SOMETHING
THAT SOCIAL SECURITY HAS.
SO WHY NOT PARTIALLY COMPLETE
THAT WORK HISTORY REPORT
TO AT LEAST GET THE PERSON
PROGRESSING A LITTLE BIT SO
THAT THEY ARE ABLE TO FIND
SOMEONE WHO CAN HELP THEM
WITH A WORK HISTORY REPORT.
THERE'S A BASIS FOR IT.
INSTEAD OF HAVING A TRAUMATIZED,
VULNERABLE PERSON SUFFERING
FROM SERIOUS MENTAL ILLNESS,
WHICH IS WHY THEY'RE ENGAGING IN
THIS PROCESS IN THE FIRST PLACE,
TRYING TO REMEMBER THINGS
THAT EVEN THE MOST STABLE,
WELL-ADJUSTED PERSON WOULD
NOT BE ABLE TO REMEMBER.
THINGS LIKE PLACES OF BIRTH,
I MEAN, I THINK THAT SOCIAL
SECURITY NEEDS TO TAKE
OWNERSHIP OF THE FACT THAT
WE'RE, OUR, THE EXPECTATIONS
OF THE AGENCY ARE REALLY NOT
REASONABLE FOR THE POPULATION
THAT WE'RE TALKING ABOUT.
I DON'T THINK THEY'RE
NECESSARILY REASONABLE
FOR ANYBODY,
BUT ESPECIALLY FOR THIS
PARTICULAR POPULATION.
ADJUSTMENTS NEED TO BE MADE
AND YOU CAN'T JUST GO THROUGH
THE SAME STEPS WITH A HOMELESS
CLAIMANT AS YOU WOULD
WITH EVERYBODY ELSE.
IT'S SETTING THE PERSON
UP FOR FAILURE,
IT'S CREATING A BARRIER,
AND A LEVEL OF FRUSTRATION
THAT REALLY CAN'T BE OVERCOME.
AND THE VIEW THAT THIS IS
AN ADVERSARIAL PROCESS,
WHICH IT SHOULDN'T BE.

SO.

THAT'S WHAT I THINK.

[LAUGHTER]

>> CAN I ADD SOMETHING?

>> SURE.

>> I WAS GOING TO ASK
FOR ANY OTHER TIPS,
AND NOW THAT MICHELE HAS
OPENED THE DOOR TO IT,
ANY OTHER SUGGESTED REFORMS.

>> WELL, WE USED OUR PROJECT IN
BALTIMORE AS A MAILING ADDRESS,
AND I THINK IF THERE'S THE CLOSE
COLLABORATION BETWEEN PROVIDERS,
OUTREACH WORKERS, ET CETERA,
THERE COULD BE SOME,
CAN WE USE YOUR AGENCY?
AS A MAILING ADDRESS,
THAT COULD REALLY HELP
IMMENSELY WITH WHAT'S GOING ON
FOR FOLKS NOT BEING ABLE TO
GET LETTERS AND BE CONTACTED.
THE OTHER THING RELATED TO
THIS IS SOCIAL SECURITY
ENCOURAGES PEOPLE TO SET
UP A MYSSA ACCOUNT.

THERE'S HUGE TECHNOLOGICAL
ISSUES THAT PEOPLE EXPERIENCING
HOMELESSNESS DON'T HAVE
THE TECHNOLOGY OR SOMETIMES
THE SKILL SETS,
BUT I SPENT TWO HOURS
TRYING TO SET UP A MYSSA
ACCOUNT WITH SOMEBODY,
AND SHE COULDN'T REMEMBER
IF SHE'D EVER HAD A BANKING
ACCOUNT AT THIS BANK OR
EVER LIVED AT THIS ADDRESS.
I MEAN IT'S REALLY VERY,
AND I DON'T -- IT'S REALLY VERY
DRIVEN BY THE ASSUMPTION THAT
FOLKS THAT ARE BEING SERVED HAVE
ACCESS TO THINGS THAT THEY
DON'T HAVE ACCESS TO.

RELATED TO MICHELE'S
DISCUSSION ABOUT JOBS,
I JUST DID A CLAIM WITH
SOMEBODY WHO HAD 50 JOBS.
SHE WAS SURE SHE HAD 50 JOBS.
SHE COULD NO LONGER REMEMBER
WHERE, I MEAN,
IT TOOK HER ABOUT TWO WEEKS TO
SIT DOWN AND TRY AND FIGURE
OUT JUST THE NAME OF PLACES.
AND SO, THEY ASK WHEN
DID YOU WORK THERE?
SHE HAD NO IDEA.

AND I THINK THE QUESTION IS,
WHY IS THAT IMPORTANT?
I UNDERSTAND WE'RE LOOKING
AT CAN PEOPLE BE EMPLOYED,
BUT IF SHE WORKED
SOMEWHERE 15 YEARS AGO,
I'M NOT SURE HOW THAT'S
TRANSFERABLE TO NOW.
YOU KNOW, PEOPLE AGE,
PEOPLE GET SICKER,
PEOPLE GET HEALTH PROBLEMS,
ET CETERA.

SO, I THINK ONE THING IS TO
LOOK AT THE MYSSA ACCOUNT
AND MAKE IT REALLY, REALLY,
REALLY EASY TO ESTABLISH.
THAT COULD BE HELPFUL IF THERE'S
SOMEBODY ASSISTING THE PERSON.
BECAUSE THEN THEY COULD GET
THEIR EARNINGS STATEMENT
THROUGH THAT.

BUT NOW PEOPLE CAN'T CREATE IT.
SO THAT -- AND WE CALLED SOCIAL
SECURITY ABOUT IT AND THEY
SAID WE'RE GOING TO SEND YOU
A CODE THAT YOU CAN USE FOR
LIKE A WEEK OR WHATEVER,
AND THEY SENT THE CODE,
AND IT DIDN'T COME IN TIME,
AND BY THE TIME SHE GOT THE
CODE THE CODE HAD EXPIRED SO
WE HAD TO GET ANOTHER CODE.
I MEAN, THINGS LIKE THIS ARE
REALLY, YOU CAN DO WITHOUT THIS.
THAT'S MY THOUGHT.

>> JUST TO QUICKLY ADD,
YOU KNOW, IN ADDITION TO
WHAT MICHELE SAID ABOUT
HAVING A HOMELESS LIAISON
WITHIN THE SSA FIELD OFFICE,
I THINK THE OTHER SIDE OF
THAT CAN ALSO BE WORKING WITH
SERVICE PROVIDERS TO HAVE THEM
DESIGNATE A CONTACT PERSON,
AN APPOINTED REPRESENTATIVE,
OR EVEN A REPRESENTATIVE PAYEE.
THOSE ARE ACTUALLY STRAIGHT
OUT OF THE PLAYBOOK.

IN ABOUT 2015 SOCIAL SECURITY
ADMINISTRATION, SSA, AND SAMHSA,
USICH AND VA ACTUALLY RELEASED
A JOINT DOCUMENT THAT LAID OUT
ALL THE KIND OF STRATEGIES
THAT SSA AND HOMELESS SERVICE
ORGANIZATIONS CAN USE TO ENSURE
THAT PEOPLE EXPERIENCING
HOMELESSNESS CAN HAVE,

YOU KNOW, A BETTER PATHWAY TO
BE CONSIDERED FOR BENEFITS,
AND ONE OF THOSE WAS FOR PEOPLE
WHO DON'T HAVE A MAILING ADDRESS
TO HAVE A SERVICE PROVIDER BE
APPOINTED AS A DESIGNATED
CONTACT OR AN APPOINTED
REPRESENTATIVE.

AND THAT, AGAIN,
SO JUST TO EMPHASIZE THAT
POINT ABOUT PARTNERSHIPS.
BUT I DID WANT TO JUST LIFT UP
THAT DOCUMENT, WHICH REALLY,
I THINK, CODIFIED A LOT OF
THE PRACTICES THAT WERE
DEVELOPED BY SOAR AND REALLY
MADE THEM SOMETHING THAT
SSA AND SAMHSA AND USICH
HAD JOINTED LIFTED UP.

>> THANK YOU.

YVONNE HIGHLIGHTED THE
CHALLENGES ASSOCIATED
WITH TECHNOLOGY.

I THINK OFTENTIMES PEOPLE WHO
ARE WORKING IN GOVERNMENT,
GOVERNMENT SERVICES ARE TRYING
TO THINK ABOUT HOW TECHNOLOGY
CAN BE USED TO ACTUALLY
HELP ADDRESS THOSE ISSUES.

I WONDERED IF WE COULD TALK
ABOUT THE FLIP SIDE OF IT.
IF ANALYSTS SEE TECHNOLOGY
PLAYING A HELPFUL ROLE IN SOME
OF THE CHALLENGES THAT --

[INAUDIBLE]

>> THIS IS KATIE FROM THE
NATIONAL HEALTH CARE FOR
THE HOMELESS COUNCIL.

I WOULD SAY THAT UNIFORMLY
WE WOULD ALL AGREE THAT MORE
OPTIONS THAT THE INDIVIDUAL
GETS TO SELECT OF HOW THEY
WANT TO BE CONTACTED,
HOW THEY WANT TO APPLY,
ARE, IS THE WAY TO GO.
THERE'S LOTS OF WORK FOR
PAPERWORK REDUCTION,
WHICH IS WONDERFUL
IN MANY SETTINGS,
AND MANY INDIVIDUALS WOULD
CHOOSE THAT, BUT RIGHT NOW,
PARTICULARLY FOR PEOPLE
EXPERIENCING HOMELESSNESS,
GIVING CHOICES IN THIS
PROCESS IS A WAY TO EARN TRUST,
IS TO BUILD CONFIDENCE
THAT THERE IS A PROCESS

FORWARD FOR THEM.
SO YVONNE HAD MENTIONED
IT RIGHT AT THE BEGINNING,
TEXT IS ACTUALLY OFTEN A GREAT
WAY TO COMMUNICATE WITH PEOPLE
EXPERIENCING HOMELESSNESS.
IT DOESN'T REQUIRE MINUTES,
IT'S SOMETHING THAT CAN BE
DONE IN DIFFERENT SETTINGS,
IT CAN COME THROUGH WITH LOW
CELL PHONE RECEPTION WHICH
OFTEN HAPPENS IN LARGE SHELTERS,
IT CAN BE DONE DISCREETLY AND IN
SETTINGS WHERE THERE'S LOTS OF
PEOPLE AROUND THEM THEY CAN FEEL
LIKE THEY CAN RESPOND TO THAT,
NOT HAVE A CONVERSATION THAT
THEY MAY NOT FEEL COMFORTABLE
OR SAFE HAVING IN A SETTING
WITH LOTS OF PEOPLE AROUND.
SO I THINK ONE OF
THE MESSAGES WE,
I'D REALLY LIKE TO CONVEY
IS THAT HAVING LOTS OF
OPTIONS AND ALLOWING THE
INDIVIDUAL TO CHOOSE,
AND CHANGE THEIR CHOICE BASED
ON THEIR SITUATION AS IT
PROGRESSES THROUGHOUT THE
APPLICATION PROCESS,
IS REALLY ESSENTIAL FOR THEM
FEELING AS THOUGH IT WILL
INCREASE THE CHANCE THAT THEY
RECEIVE THE INFORMATION.
AND BEING ABLE TO DESIGNATE
DIFFERENT PROVIDERS AND NOT
REALLY HAVING TO JUSTIFY WHY
THAT PERSON IS AN APPROPRIATE
POINT OF CONTACT FOR THEM
CAN BE VERY BENEFICIAL.
AND YVONNE'S EXAMPLE OF NEEDING
TO GET THAT CODE AND NOT BEING
ABLE TO USE IT IN A TIMELY
MANNER, EXTENDING ALL DEADLINES,
RECOGNIZING THAT MAIL MIGHT
BE THE MOST DEPENDABLE
WAY TO REACH SOMEONE,
HOWEVER, THEY MAY ONLY
ACCESS THAT MAILING ADDRESS
ONCE OR TWICE A MONTH.
AND WHILE FOR THE PERSON
REVIEWING THE APPLICATION
30 DAYS MAY HAVE PASSED,
IT MAY BE ON DAY ONE
FOR THE INDIVIDUAL.
SO, SETTING THOSE TIMELINES BASED
ON THE MEANS OF COMMUNICATION

RATHER THAN JUST HAVING UNIFORM DEADLINES ACROSS THE BOARD. ANOTHER THING I THINK THAT I'D BE REMISS NOT TO MENTION AT SOME POINT IN THIS SESSION, WE DO HOLD TRAININGS ON WHAT THE DIFFERENCE BETWEEN SSI AND SSDI ARE, AND IT OFTEN TAKES VERY SKILLED PROFESSIONALS YEARS TO FIGURE OUT WHAT THE DIFFERENCE IS. SO, MAKING IT CLEAR OR MAKING THAT PROCESS BE DIFFERENT ON YOUR SIDE BUT NOT NECESSARILY FOR THE APPLICANT COULD REALLY HELP EASE THIS PROCESS. SOMEBODY RECEIVES THAT SSDI DENIAL LETTER, THEY DON'T KNOW TO BE LOOKING FOR COMMUNICATION ABOUT SSI. THEY THINK THEIR APPLICATION HAS BEEN DENIED UNIFORMLY. AND SO, THEY'RE NOT THINKING, OH, I NEED TO MAKE SURE I'M ON THE LOOKOUT FOR MORE PAPERWORK. SO HAVING SOME OF THAT CONFUSION HAPPEN ON THE BACK SIDE AND THAT WE AS SYSTEMS SHOULDER THAT BURDEN RATHER THAN HAVING IT BE SOMETHING THAT PREVENTS LOTS OF CONFUSION CERTAINLY, BUT AN EXTREME AMOUNT OF ANXIETY AND CONCERN AND A LOT OF DEPRESSION AND ANXIETY THAT CAN HAPPEN AS A RESULT OF RECEIVING THOSE LETTERS AND NOT BEING ABLE TO UNDERSTAND EXACTLY WHAT IT IS CONVEYING. THOSE ARE WAYS IN WHICH I THINK TECHNOLOGY CAN BE VERY, VERY HELPFUL, AND HAVING WAYS THAT PEOPLE CAN CHECK THEIR STATUS VERY QUICKLY, ANY TIME. HAVING A TEXT MESSAGE, YOU KNOW, BEING ABLE TO TEXT AND SAY WHAT'S MY STATUS, AND THAT'S SOMETHING THAT CAN BE DONE FROM ANYWHERE BY ANY PROVIDER COULD BE REALLY HELPFUL IN ORDER TO BE ABLE TO KNOW WHAT HAPPENS NEXT, WHAT AM I WAITING ON? AND WHO'S DOING THE WAITING. THEY MIGHT NOT SSA IS WAITING FOR THEM, THEY THINK IT'S ALL, THEY THINK THAT THEY'RE

WAITING ON SSA.
SSA THINKS THEY'RE
WAITING ON THE INDIVIDUAL.
THAT APPLICATION GETS CLOSED.
HAVING BEEN ABLE TO SEND A
TEXT MESSAGE IN THE MIDDLE
OF THE NIGHT TO DETERMINE WHAT
MY STATUS IS AND GET BACK A
PENDING OR UNDER REVIEW,
CAN REALLY BE VERY
HELPFUL FOR EVERYONE.
THERE ARE KEY TERMS THAT
CAN BE QUICKLY DECIPHERED
IF WE KNOW WHAT THEY ARE.

>> I ALSO THINK IT WOULD BE,
IT'S NOT REALLY A TECHNOLOGY
ANSWER, BUT IT IS,
PEOPLE DON'T HAVE THE PHONE
NUMBERS AND THE EXTENSIONS
OF THE CLAIMS REP WHO'S
WORKING ON THEIR CLAIM.
AND THAT MAY NOT
SOUND LIKE MUCH,
AND I UNDERSTAND THE FIELD
OFFICES ARE BUSY, ET CETERA,
ET CETERA, THEY NEED MORE STAFF,
I UNDERSTAND THAT,
BUT NOT HAVING SOMEBODY TO
CALL AND WAITING ONLINE,
I MEAN ON THE PHONE,
EXCUSE ME, TO GET TO
SOMEBODY WHO CAN SAY,
OH, LET ME SEE IF MR. SO-AND-SO
CAN TALK WITH YOU,
WHICH MAY OR MAY NOT HAPPEN.
ANY OTHER AGENCY THAT'S
WORKING ON SOMETHING, DSS,
PEOPLE HAVE A CASE WORKER.
THEY KNOW THAT CASE WORKER'S
NAME AND CONTACT INFORMATION.
MENTAL HEALTH AGENCIES,
CASE MANAGERS,
HEALTH CARE FOR HOMELESS,
PEOPLE GET THE PHONE NUMBERS.
BUT NOT SOCIAL SECURITY.
AND THAT'S HUGE.
NOT TO BE ABLE TO SORT OF
CONNECT WITH AN INDIVIDUAL
THAT YOU KNOW HAS YOUR CLAIM.
SO, I WOULD ENCOURAGE
SOME THOUGHT TO THAT,
ESPECIALLY FOR PEOPLE
WHO ARE HOMELESS?
NOT HAVING A HOUSE CREATES
TREMENDOUS PROBLEMS THAT
OFTEN AREN'T THOUGHT OF.

THERE'S THE TRAUMA OF
HOMELESSNESS IN AND OF ITSELF.
THERE'S THE TRAUMA THAT MOST
PEOPLE WHO ARE HOMELESS AND
HAVE DIAGNOSES OF SERIOUS
MENTAL ILLNESS HAVE EXPERIENCED
AS VERY YOUNG PEOPLE AND
CONTINUE THROUGH THEIR LIVES.
SOCIAL SECURITY DOES NOT
ADDRESS TRAUMA IN THE
CONSIDERATION OF APPLICATIONS.
AND I THINK THAT IT REALLY IS
SOMETHING THAT HAS TO BE
UNDERSTOOD MORE FULLY.
I THINK THE IMPACT OF
HOMELESSNESS AND SOMEBODY'S
LIVES AND MOTIVATION AND
ABILITY TO DO WHILE YOU'RE
STRUGGLING TO SURVIVE,
ALL OF THAT HAS TO BE
CONSIDERED WHEN YOU'RE
REVIEWING AN APPLICATION.
SO, I WOULD REALLY ENCOURAGE MUCH
MORE THOUGHT GOING INTO THAT.
>> THANKS, YVONNE.
DO YOU HAVE ANY SPECIFIC
RECOMMENDATIONS FOR HOW SSA CAN
SHIFT TO BE MORE TRAUMA FOCUSED?
>> WELL, I THINK IT'S REALLY
LOOKING AT WHAT DOES IT
MEAN TO HAVE A TRAUMATIC
EXPERIENCE OR EXPERIENCES.
AND WHAT'S THE ONGOING IMPACT.
AND THERE IS LITERATURE ON THAT.
THERE ARE DIAGNOSES THAT
ARTICULATE THE ONGOING
IMPACT FROM TRAUMA.
AND SO, SOMEBODY MAY HAVE A
POST-TRAUMATIC STRESS DISORDER
OR JUST POST-TRAUMATIC STRESS
SYMPTOMS WHERE THEY'RE NOT
SLEEPING, THEY'RE HYPERVIGILANT,
THEY CAN'T ATTEND TO THINGS
THEY NEED TO FINISH DOING.
ALL THESE THINGS,
I THINK PROBABLY A MEDICAL
PANEL TO TALK ABOUT SEQUELAE
AND AFTERMATH FROM TRAUMA
WOULD BE EXTREMELY USEFUL.
AND THEN CONSIDER IT IN THE
MENTAL HEALTH LISTINGS.
I'D HELP.
[LAUGHTER]
>> I WANT TO SHIFT
FOCUS SLIGHTLY.
DID ANYONE ELSE ON THE PANEL
HAVE SOMETHING TO SAY ABOUT

EITHER -- EITHER OF THE
TOPICS THAT WE JUST COVERED,
BUT I GUESS SPECIFICALLY HOW
CAN SSA MAKE A SHIFT TO BE
ABLE TO HAVE ITS SERVICES
MORE TRAUMA INFORMED.
>> I THINK REQUIRING TRAUMA
INFORMED TRAINING AND REALLY
REVIEWING LITERATURE,
THE PAPERWORK AND THE
COMMUNICATION THAT
GETS SENT OUT,
SPECIFICALLY VIA MAIL FROM A
TRAUMA INFORMED LENS CAN BE
VERY HELPFUL FOR EVERYONE
AND PARTICULARLY FOR PEOPLE
EXPERIENCING HOMELESSNESS.
I THINK THERE'S SO MUCH LANGUAGE
THAT COMES OUT AND UNCERTAINTY
IN THE PROCESS THAT JUST CAN
BE VERY TRIGGERING FOR ANYONE,
AND SO MUCH CAN BE CONVEYED
SIMPLY BY ASSUMING THAT
SOMEBODY'S LIFE MAY
HAVE HAD TRAUMA IN IT,
AND IN THIS MOMENT
PARTICULARLY FOR PEOPLE
EXPERIENCING HOMELESSNESS,
THAT THE SYSTEMS THAT THEY
HAVE HAD TO INTERACT WITH
MAY HAVE CAUSED TRAUMA,
BASICALLY, ASSUMING TRAUMA,
NOT THAT YOU HAVE TO TREAT IT,
BUT THAT YOU CAN ASSUME
THAT APPROACHING IT FROM A
TRAUMA INFORMED LENS WILL
IMPROVE THE PROCESS.
IT WILL IMPROVE IT FOR ANYONE.
FOR SOMEBODY WHO HAS OR HAS NOT
EXPERIENCED OR IS EXPERIENCING
ANY TRAUMA SYMPTOMS IT'S STILL
GOING TO BE A MORE POSITIVE
EXPERIENCE FOR THEM.
AND SO, APPROACHING EVERYTHING
FROM THAT LENS WILL MAKE IT
SO THAT PARTICULARLY PEOPLE
EXPERIENCING HOMELESSNESS
WILL HAVE A LESS TRIGGERING
EXPERIENCE AND MORE LIKELY TO BE
ABLE TO COMPLETE THE PROCESS AND
PROVIDE THE INFORMATION THAT IS
NEEDED AND REALLY MAKE IT SO
THAT THE PROCESS MOVES FORWARD
FOR EVERYONE ON THE TIMELINE,
AND EVERYONE WANTS
TO SEE IT HAPPEN.
>> AND IF I COULD JUST ADD

THAT I THINK THAT SORT OF
WHAT SSA SPOKE TO IN THE
BEGINNING ABOUT SOME OF ITS
WORK TO SIMPLIFY APPLICATIONS,
TO STREAMLINE THINGS,
TO PUT THINGS ONLINE TO JUST
MAKE THINGS EASIER FOR PEOPLE,
YOU KNOW, I THINK WE DON'T
ALWAYS ACKNOWLEDGE HOW MUCH
BENEFIT SYSTEMS HAVE BEEN
SET UP OVER TIME TO ACTUALLY
CREATE BARRIERS INTENTIONALLY
BECAUSE THEY'RE WORRIED ABOUT
TOO MANY PEOPLE SORT OF
ENTERING INTO THE SYSTEM,
SO THAT WE'RE JUST BEING
REALLY THOUGHTFUL LIKE OF
COURSE WE WANT TO, YOU KNOW,
RUN A PROGRAM WITH INTEGRITY
AND QUALITY CONTROL, RIGHT,
SO ELIGIBLE PEOPLE GET
THEIR BENEFITS BUT
INELIGIBLE PEOPLE DON'T.
HOWEVER, WE KNOW THERE ARE
PLENTY OF ELIGIBLE PEOPLE WHO
JUST CANNOT JUMP THROUGH ALL THE
HOOPS TO GET TO ELIGIBILITY.
SO, I THINK WE HAVE TO LIKE
REALLY LIKE GRAPPLE WITH THAT AS
WE'RE REALLY LOOKING TO IMPROVE
RACIAL EQUITY IN THE PROGRAMS
AND TO REALLY BREAK DOWN
SYSTEMIC BARRIERS THAT, LIKE,
HOW MANY PIECES WE'VE LIKE PUT
IN FRONT OF PEOPLE TO LIKE KNOCK
DOWN BEFORE THEY CAN KIND OF GET
OVER THE FINISH LINE IS PART OF,
I THINK, OUR JOBS HERE.
AND I WOULD JUST SAY THAT WE
ALSO HAVE TO KEEP IN MIND
HOW MUCH GETTING ACCESS
TO SSI OR SSDI IS REALLY
UNLOCKING FOR SOMEONE,
AND SO WHY THE STAKES
ARE SO HIGH FOR PEOPLE.
SO, WITH SSI IN CALIFORNIA,
IF YOU GET APPROVED FOR SSI,
RIGHT, YOU OBVIOUSLY HAVE NOW
WAY MORE INCOME THAN IF YOU
ONLY HAD GENERAL ASSISTANCE,
LIKE ORDERS OF MAGNITUDE HIGHER,
MAYBE TEN TIMES AS MUCH INCOME.
YOU ARE AUTOMATICALLY ENROLLED
IN OUR MEDI-CAL PROGRAM BECAUSE
YOU'RE ELIGIBLE FOR SSI.
YOU ARE LIKELY GOING TO BE MORE
LIKELY TO GET ELIGIBILITY FOR

HOUSING BECAUSE YOU NOW HAVE
INCOME THAT YOU CAN SUPPORT
YOUR 30% REQUIREMENT ON.
SO, THERE ARE JUST SO MANY
THINGS THAT GET UNLOCKED.
YOU GET ACCESS TO MANAGED CARE,
TO OTHER ASSORTED PROVIDERS,
THINGS LIKE THAT.
SO, I JUST,
I THINK SOME OF YOU DON'T
APPRECIATE HOW MUCH PEOPLE HAVE
RIDING ON AN APPROVAL AND WHY
IT BECOMES SO TRAUMATIC WHEN
THERE ARE DENIALS OR THERE
ARE BARRIERS PUT IN PLACE.

>> I MEAN, I JUST WANT
TO PIGGYBACK ON CLAIRE'S
POINT THERE.
I MEAN PEOPLE WHO ARE
EXPERIENCING HOMELESSNESS AND
HAVE CHALLENGES WITH OBTAINING
DOCUMENTATION AND THEREFORE
CANNOT GET ACCESS TO THEIR
SOCIAL SECURITY CARD,
LET ALONE THEIR BENEFITS,
AND THEN LIKE THAT IS THE
BARRIER TO GETTING HOUSING,
I MEAN YOU ARE CAUGHT IN
THIS SPIRAL OR CATCH-22.
YOUR BEING HOMELESS MAKES
IT HARDER FOR YOU TO
GET DOCUMENTATION.
YOUR LACK OF HAVING
DOCUMENTATION IS A BARRIER
TO GETTING YOUR SOCIAL
SECURITY BENEFITS,
WHICH IS A BARRIER TO
GETTING HOUSING.
SO, IT BECOMES THIS
REALLY CHALLENGING THING.
SO, WHATEVER THE SOCIAL
SECURITY ADMINISTRATION STAFF,
WHO I KNOW ARE GOING
INCREDIBLY BUSY WORK,
IT IS LIKE VERY DIFFICULT WORK,
BUT CAN DO IT AND JUST
UNDERSTAND THAT PEOPLE WHO
ARE EXPERIENCING HOMELESSNESS,
THEY ARE JUST,
THERE'S SO MANY THINGS STACKED
AGAINST THEM AND, YOU KNOW,
IT IS A NIGHT AND DAY EXPERIENCE
IF THEY CAN GET HOUSING,
BUT OFTEN IT'S JUST GIVING THEM
THE PATIENCE AND THE CHANCES
TO GO THROUGH THE PROCESS

THAT COULD MAKE A LIFE
TRANSFORMATIVE EFFORT.
SO JUST TO GET ON THE
SOAPBOX FOR A MOMENT THERE
TO REINFORCE CLAIRE'S POINT,
100% LIKE THAT IS THE MOST
CHALLENGING PERIOD FOR
A PERSON IN THEIR LIVES.
BUT IT COULD BE THE DIFFERENCE
BETWEEN JUST, YOU KNOW,
NOT ONLY HAVING HOUSING
STABILITY BUT REALLY JUST
REBUILDING ONE'S LIFE.
SO WHATEVER CAN BE DONE TO HAVE
THAT TRAUMA-INFORMED ORIENTATION
TO UNDERSTAND THAT SOME PEOPLE
NEED THAT EXTRA FOLLOW-UP AND
THAT IF THEY'RE NOT FOLLOWING
THROUGH IT'S NOT BECAUSE THEY
DON'T WANT ASSISTANCE OR
BECAUSE THEY'RE JUST NOT
ABLE TO FOLLOW THROUGH,
IT IS BECAUSE OF THE
EXTRAORDINARY CIRCUMSTANCES THAT
THEY'RE CURRENTLY EXPERIENCING
ON TOP OF THEIR RELIVING THE
NEGATIVE EXPERIENCES IN THE
PAST, WHICH IS WHAT TRAUMA IS.
>> I THINK I ALSO WANT TO
EMPHASIZE CLAIRE'S POINT
ABOUT ACCESS TO MEDI-CAL IN
CALIFORNIA OR MEDICAID.
ESPECIALLY IN THE
NON-EXPANSION STATES.
SSI CAN REALLY GET
PEOPLE MEDICAID.
AND WITHOUT MEDICAID,
IT'S INCREDIBLY DIFFICULT
TO ACCESS HEALTH CARE
OTHER THAN IN AN ER,
WHICH IS THE WORST PLACE TO
GET DIAGNOSTIC INFORMATION IN
TERMS OF AN SSI APPLICATION.
SO, YOU KNOW, IT SNOWBALLS.
IT'S HOUSING,
BUT IT'S ALSO HOW YOU
CAN TAKE CARE OF YOURSELF
AND HOW YOU ACCESS CARE.
AND RELATED TO THAT IS
OFTEN THE NEED FOR A
SPECIALIST KIND OF CARE,
WHICH IS REALLY HARD TO
GET IN RURAL AREAS OR
IN FRONTIER AREAS.
SO, IT KIND OF ALL FALLS,
YOU KNOW,
LIKE IT LAYERS ON ITSELF.

SO, WE NEED TO RECOGNIZE
SSI'S ACCESS IS HUGE,
AS EVERYONE'S BEEN SAYING.
BUT I WANTED TO MENTION
THE MEDICAL PART.
THANK YOU FOR THAT, CLAIRE.

>> CAN I JUST ADD ONE THING?

>> OH, SURE.

>> BECAUSE I'M ALL ABOUT THE
WHOLE PARTNERSHIP THING.
I DO WANT TO SAY BASED ON
SOMETHING RICHARD BROUGHT
UP ABOUT IDENTIFICATION AND
SOCIAL SECURITY DOCUMENTS.
AND THAT IS THAT THERE IS A
LOT OF POTENTIAL WITHIN SOCIAL
SECURITY TO CREATE OPTIONS
AND TO MOVE THINGS IN A WAY
THAT CAN SERVE OUR MUTUAL
CLIENT POPULATION.

AND SO, BECAUSE I HAVE A
PARTNERSHIP WITH THE FIELD
OFFICE HERE IN PHILADELPHIA,
DURING THE PANDEMIC WHEN
HOUSING MONEY WAS INCREASED,
SO, THERE WERE MORE HOUSING
OPTIONS FOR FOLKS WHO WERE
EXPERIENCING HOMELESSNESS,
AT THE SAME TIME PEOPLE WERE
UNABLE TO GET PROOF OF THEIR
INCOME DOCUMENTATION FROM SOCIAL
SECURITY VERIFYING THEIR SSN AND
VERIFYING THEIR MONTHLY INCOME.
BUT BECAUSE I HAD PARTNERSHIPS
WITH CERTAIN PEOPLE IN THE
FIELD OFFICE WHO COULD CONNECT
ME WITH OUR CARD CENTER,
WE WERE ABLE TO CREATE A
WRAPAROUND SO THAT PROBABLY
FOR LIKE 250 PEOPLE I WAS
ABLE TO GET THOSE DOCUMENTS.
THE DOCUMENTS FROM
SOCIAL SECURITY TO,
SO, THEY COULD ACCESS HOUSING,
AND THEY DID.

SO THOSE ARE THE KINDS OF
THINGS THAT CAN BE HAPPENING.
AND IT -- WHAT ABOUT
EVERYBODY ELSE?
LIKE, YOU KNOW,
THAT'S GREAT FOR THOSE
250 PEOPLE THAT I WAS
CONNECTED WITH,
BUT THERE WERE OTHERS, TOO.
AND IT WASN'T AN EASY FIX
BECAUSE THEY COULDN'T RELEASE

IT TO ME BECAUSE I'M A LAWYER,
I MEAN THERE WERE A HOST.
A PACKET,
A PACKET OF INFORMATION HAD
TO BE SENT SO THAT I COULD
GET THOSE DOCUMENTS.
BUT OUR SOCIAL SECURITY OFFICE,
OUR FOLKS HERE WERE
REALLY AMENABLE TO LIKE
MAKING IT HAPPEN,
AND OUR SOAR REPRESENTATIVE
WAS THE ONE WHO DID THE
DOCUMENT EXCHANGE WITH ME.
AND IT WAS BECAUSE OF THOSE
PARTNERSHIPS AND THE COMMON GOAL
OF GETTING THESE FOLKS STABLE.
SO, I JUST WANTED TO BRING
THAT UP AS AN EXAMPLE.
THAT'S REALLY GOOD FOR YOU, SSA!
KUDOS!

>> YES, KUDOS ARE ALWAYS GOOD
AND I'M SURE WELCOMED.
I WANTED TO SWITCH THE TOPIC TO,
SWITCH THE TOPIC A LITTLE BIT
AND FOCUS ON MEDICAL RECORDS,
AND SPECIFICALLY, SOME OF THE
CHALLENGES THAT PEOPLE
EXPERIENCING HOMELESSNESS
MAY ENCOUNTER WHILE TRYING
TO REQUEST RECORDS AND
OBTAINING RECORDS,
AND IF OUR PANELISTS
HAVE ANY IDEAS FOR HOW TO
OVERCOME THOSE CHALLENGES.

>> YEAH.
I'VE OFTEN BEEN --
>> THANKS, CLAIRE.
>> OH, I'M SORRY,
THE EXPERIENCE OBVIOUSLY
OF OUR OWN DISABILITY
DETERMINATION SERVICES, RIGHT,
I THINK THEY WERE -- WHEN WE
TALKED ABOUT THIS NEED, I THINK
THEY WERE VERY MUCH, YOU KNOW,
FEELING LIKE THERE ARE SOME
SOLUTIONS THAT WE COULD REALLY
LOOK TO, BUT THEY SEE, YOU KNOW,
A WHOLE HOST OF CHALLENGES.
PEOPLE KIND OF HAVING HAD EITHER
MINIMAL OR NO MEDICAL CARE
AVAILABLE TO THEM, WHETHER
THAT'S BECAUSE THEY DON'T HAVE
INSURANCE, BECAUSE OF
TRANSPORTATION ISSUES, BECAUSE
THEY HAVE CHALLENGES, YOU KNOW,
WITH EXECUTIVE FUNCTIONING, SO
THEY ARE FORGETTING

APPOINTMENTS, NOT MAKING THINGS
IN A TIMELY FASHION.
BUT OBVIOUSLY, THAT ALL
CONTRIBUTES TO WHAT CAN LEAD TO
A MEDICAL DENIAL BECAUSE THEY
DON'T HAVE ENOUGH INFORMATION.
SO, A COUPLE OF THINGS THAT THEY
WANTED TO, LIKE, AND I'M
OBVIOUSLY BRINGING IN
HIGHLIGHTING AS SORT OF A DDS
PERSPECTIVE IS ONE THING I THINK
IN PARTICULAR THAT HAS SERVED
CALIFORNIA VERY WELL WAS A
PROGRAM CALLED "CHOICE" WHICH
STANDS FOR "COOPERATIVE HOMELESS
"OFFICE INITIATED CONSULTATIVE
EXAMINATION."
IT WAS A MOUTHFUL, SO
WE'LL USE "CHOICE."
BUT THE CHOICE PROJECT WAS
REALLY SOMETHING WHERE THE FIELD
OFFICE COULD BASICALLY SCHEDULE
IMMEDIATE CONSULTATIVE EXAMS THE
SAME DAY AND ACTUALLY HELP
FACILITATE PEOPLE GETTING TO
THOSE APPOINTMENTS THROUGH A
TAXI OR MAYBE THE CE WAS CLOSE
BY, SO THAT IF SOMEONE CAME INTO
THE OFFICE AND WAS EXPERIENCING
HOMELESSNESS, THEY COULD
BASICALLY, IMMEDIATELY HAVE THEM
ACCESS A CONSULTATIVE EXAM SO
THAT THEY DIDN'T HAVE TO TRY TO
SCHEDULE LATER FOR THEM.
AND THEY DID SEE THAT THAT WAS
-- AND WE'VE SEEN THAT THAT WAS
THE SUCCESSFUL WAY TO MAKE SURE
PEOPLE WERE GETTING, YOU KNOW,
THE EVIDENCE INTO THEIR FILES SO
THAT A DETERMINATION
COULD BE MADE.
AND I KNOW WE DO HAVE SOMETIMES
CONCERNS ABOUT WHEN CEs ARE THE
ONLY EVIDENCE WE HAVE IN
THE FILE.
OF COURSE, IT'S MUCH MORE
HELPFUL TO HAVE ADDITIONAL
MEDICAL RECORDS, TO HAVE THINGS
FROM TREATING PHYSICIANS AND
STUFF OVER TIME.
BUT IF THE CHOICE IS BETWEEN NO
RECORDS OR THIS CONSULTATIVE
EXAM, OBVIOUSLY WE WANT TO SEE
THE EXAM, AND IF WE CAN
FACILITATE THAT MORE QUICKLY AND
EFFECTIVELY AND EFFICIENTLY FOR
SOMEONE, SPEAKING TO BREAKING

DOWN BARRIERS WITH PEOPLE, I THINK REINSTITUTING THAT CHOICE PROGRAM WOULD REALLY BE A WAY TO DO THAT.

AND THEN, I THINK WE HAVE, YOU KNOW, OTHER THINGS THAT WE HAVE ACCESS OR HAVE BEEN ABLE TO USE WHERE WE'RE, LIKE, REALLY WORKING SUCCESSFULLY WITH THE FIELD OFFICES TO MAKE SURE THAT WE KNOW IN DDS THAT SOMEONE IS EXPERIENCING HOMELESSNESS, MAKING SURE THAT WE ARE, LIKE, SENSITIVE TO THE ADDITIONAL NEEDS AND THE ADDITIONAL BARRIERS AND THEN THAT WE CAN REALLY SUPPORT THAT INDIVIDUAL. AND THEN THROUGH OUR PROGRAM, WE HAVE BEEN ABLE TO DO SOME BRIDGING OVER TO CONNECTIONS INTO, YOU KNOW, MEDICAL APPOINTMENTS, MAKING SURE PEOPLE ARE FOLLOWING UP AND GETTING THOSE CES SCHEDULED, THINGS LIKE THAT.

SO, THE ADDITIONAL CASE MANAGEMENT OBVIOUSLY CAN PLAY A ROLE HERE.

BUT FOR SOMEBODY WHO JUST NEEDS MORE SUPPORT AND THREE'S NOT THAT CASE MANAGEMENT, I THINK THE CHOICE PROJECT IS ONE THAT CAN BE LOOKED UP AND SORT OF REVIVED.

>> I THINK THE ACCESS TO RECORDS, IF THEY DO EXIST, ONE ISSUE IS THEY COST MONEY AND PEOPLE, IF THEY ARE LUCKY ENOUGH TO EVEN HAVE STATE PUBLIC ASSISTANCE, IT'S VERY MINIMAL. SEVERAL STATES HAVE PASSED LEGISLATION THAT SAYS MEDICAL PROVIDERS CANNOT CHARGE FOR RECORDS IF THEY ARE BEING USED TO ACCESS BENEFITS. MARYLAND PASSED ONE LAST YEAR. THE ADVOCATES FOR SURE GOT IT PASSED.

SO, THERE ARE A NUMBER OF TEMPLATES OF THAT KIND OF LEGISLATION WHICH CAN BE REALLY HELPFUL.

IN LARGE SYSTEMS IT'S THE MEDICAL RECORDS DEPARTMENTS THAT CAN BE REALLY DIFFICULT TO GET RECORDS QUICKLY FROM.

MANY OF THEM USE VENDORS,

OUTSIDE VENDORS, AND THEY --
OURS -- I'M IN MARYLAND.
OURS USES ONE IN PENNSYLVANIA.
AND SO, IT'S TAKEN MONTHS
SOMETIMES TO GET RECORDS.
I'VE FINALLY GOTTEN THAT WORKED
OUT BY LETTING THEM, SENDING
THEM THE LEGISLATION, SENDING
THEM MY REP FORMS, BUT IT'S THAT
KIND OF -- AND THERE ARE VENDORS
BEING USED ALL OVER THE COUNTRY
THAT ARE JUST NOT VERY
RESPONSIVE.

SO, I THINK WORKING WITH
PROVIDERS AGAIN OR MEDICAL
ORGANIZATIONS TO SAY, LOOK, WE
REALLY NEED YOUR SUPPORT TO GET
THESE RECORDS, I'VE FINALLY
GOTTEN THAT FROM OUR LOCAL
HOSPITAL, WHICH IS THE MAIN
DEAL IN TOWN.

SO THOSE ARE A COUPLE OF THINGS.
IF SOMEBODY HAS A TREATING
PROVIDER I THINK IT WOULD BE
SUPER HELPFUL TO ENGAGE THAT
TREATING PROVIDER MORE AND
POSSIBLY AVOID THE NEED
FOR A CE.

I AVOID CEs LIKE THE PLAGUE
BECAUSE EVEN THOUGH THE
INTENTION IS GOOD THEY ARE JUST
NOT VERY THOROUGH, UNLESS IT'S
A VERY TARGETED, LIKE, I NEED A
HEARING TEST, YOU KNOW, OR
SOMETHING LIKE THAT.

I THINK THAT WHEN PROVIDERS ARE
GETTING THE FORMS FROM SOCIAL
SECURITY, THEY HAVE GROWN.
THE FORMS LOOK LONG AND YET AT
THE SAME TIME, DON'T LEAVE
REALLY MUCH OF A WAY FOR
EXPLICATION OF WHAT THIS
PERSON'S SITUATION IS
REALLY LIKE.

AND THE LAST THING I'LL SAY
ABOUT RECORDS IS, I THINK THAT
THE BIGGEST PROBLEM IS MEDICAL
RECORDS ARE NOT DESIGNED TO
ANSWER THE QUESTIONS THAT SOCIAL
SECURITY HAS.

MEDICAL PROVIDERS ARE TAUGHT TO
ADDRESS SYMPTOMS, COME UP
WITH A DIAGNOSIS AND
PRESCRIBE TREATMENT.
WHAT SOCIAL SECURITY IS LOOKING
FOR IS, WHAT'S THE IMPACT OF
THAT TREATMENT?

AND PARTICULARLY, WHAT'S THE
IMPACT OF THAT TREATMENT AND
FUNCTIONING, AND THAT'S NOT IN
THE MEDICAL RECORD.
YOU BREAK A LEG, THEY DON'T SAY,
"HOW ARE YOU DOING AT
HOME," YOU KNOW.
IT'S JUST NOT WHAT HAPPENS.
SO, WE HAVE TO THINK ABOUT
INFORMATION ON FUNCTIONING
COMING FROM OTHER SOURCES.
AND REALLY JUST LOOKING TO THE
MEDICAL RECORDS FOR DIAGNOSES.
AND I THINK IN PARTICULAR, THE
TREATING SOURCES FOR DIAGNOSES,
AND THEY MAY HAVE A LITTLE MORE
INFORMATION AND IMPACT THAN SOME
OF THE RECORDS, BUT THAT'S THE
BIGGEST PROBLEM.
THEY DON'T MATCH.
THEY DON'T MATCH.
AND SO, WE WIND UP WITH CES THAT
ALSO AREN'T GOING TO MATCH IN
TERMS OF THE IMPACT.
AND I THINK WE NEED TO BE
THINKING DIFFERENTLY ABOUT WHO
UNDERSTANDS FUNCTIONING AND
DOCUMENTS IT.
>> YEAH, JUST TO REEMPHASIZE THE
IMPORTANCE OF THIS, THIS IS
KATIE FROM THE NATIONAL HEALTH
CARE FOR THE HOMELESS COUNCIL,
THE PURPOSE OF MEDICAL RECORDS
IS FOR THOSE, THAT ITS MEDICAL
INSTITUTION TO BE ABLE TO BILL,
TO PROVIDE SOME DOCUMENTATION,
BUT ULTIMATELY FOR BILL.
THAT IS NOT A FAULT OF ANYONE
THAT IT'S THEIR PURPOSE.
AND SO, THERE IS -- AND WE KNOW
PARTICULARLY AFTER COVID THAT
THE HEALTH CARE SYSTEM IS
HURTING FOR PROVIDERS AND WHAT
IS BEING ASKED OF THEM IS FAR
MORE THAN THEIR CAPACITY NOW.
SO, PUTTING IN THAT DIALOGUE, THE
IMPORTANT MEAT THAT GOES WITH
THAT DIAGNOSIS THEY DO NOT HAVE
THE TIME TO CREATE THAT
DOCUMENTATION, AND THEY MIGHT
NOT KNOW THE WHOLE PICTURE.
BUT YOU KNOW WHO DOES, PEER
NAVIGATORS, COMMUNITY HEALTH
WORKERS, CASE MANAGERS.
MAYBE SOCIAL WORKERS,
PARTICULARLY IF THEY HAVE A CASE
MANAGEMENT MODEL IN THEIR

BEHAVIORAL HEALTH.
OCCUPATIONAL THERAPIST, PHYSICAL
THERAPIST, SECURITY STAFF
AT SHELTERS.

THE STAFF WHO HAVE DAILY
INTERACTIONS WITH THESE
INDIVIDUALS AND ARE ABLE TO
OBSERVE IT, BUT MAY NOT HAVE THE
LETTERS NECESSARY TO
DOCUMENT IT.

SO, THINKING OF THEM AS A
PACKAGE, A COMBINATION THAT IS
TELLING A STORY RATHER THAN
SIMPLY SEPARATE COMPONENTS THAT
MAKE UP SOMEONE'S MEDICAL
RECORDS IS SO ESSENTIAL.
AND THE RECOGNITION THAT
SOMEBODY'S DIAGNOSIS MAY BE 15
YEARS AGO, EMBEDDED IN SOME
MEDICAL RECORD FARM SOMEWHERE
THAT IS VERY DIFFICULT TO
ACCESS, AND ALL OF THE VISITS
THAT YOU SEE NOW ARE BASED ON
THE REALITIES OF THEIR DAY TO
DAY WITH SOME ACUTE CRISIS THAT
THEY ARE TRYING TO GET
ADDRESSED, BUT THAT ARE ACTUALLY
LINKED TO SOMETHING THAT
SOMEBODY TOLD THEM THEY MIGHT OR
DOCUMENT IT, MAYBE NOT EVEN TOLD
THEM, BUT DOCUMENTED, THAT THEY
HAD 10 OR 15, EVEN 20 YEARS AGO.
UNLIKE MANY INDIVIDUALS WHO ARE
SEEKING SOCIAL SECURITY
DISABILITY BENEFITS, A PERSON
EXPERIENCING HOMELESSNESS OFTEN
WAITS YEARS, MAYBE EVEN DECADES,
BEFORE THEY SUCCESSFULLY
COMPLETE AN APPLICATION FOR
BENEFITS.

IT DOESN'T MEAN THAT THE
CONDITION DIDN'T EXIST, HASN'T
EXISTED ALL ALONG, IT MEANS
THEY'VE TRIED TO MAKE DO WITHOUT
NEEDING TO ACCESS THESE SERVICES
FOR LONG PERIODS OF TIME BEFORE
ACTUALLY, NAVIGATING THE SYSTEM
THAT IS MEANT TO SUPPORT THEM.
SO, VIEWING IT THROUGH THAT LENS
AND TRYING TO PLAY DETECTIVE IN
PUTTING THESE PIECES TOGETHER,
RECOGNIZING WE ARE ALL
INCREDIBLY COMPLEX INDIVIDUALS
AND THAT THERE IS A STORY HERE
IN THESE RECORDS, BUT MORE
IMPORTANTLY, PROBABLY BETWEEN
THE LINES OF THOSE RECORDS.

>> TO ADD TO THAT, KATIE, THAT'S EXACTLY RIGHT.

IT MIGHT NOT EVEN BE THAT PEOPLE HAVE WAITED TO RECEIVE BENEFITS, IT MIGHT BE THAT THEY HAD BENEFITS BUT THEIR BENEFITS LAPSED BECAUSE OF NOT FOLLOWING THROUGH ON KIND OF RECERTIFICATIONS, RESPONDING TO A LETTER, OR BECAUSE THEY WERE INCARCERATED IN SOME INTERVENING TIME PERIOD.

I THINK THERE'S STILL A LOT MORE ROOM FOR KIND OF STATE LEVEL AND SYSTEMS LEVEL INNOVATIONS SUCH AS WHAT CLAIRE, I THINK, WHAT IT SOUNDS LIKE, CHOICE WAS ABOUT IN CALIFORNIA.

BUT WHERE YOU HAVE MORE AND MORE STATES COVERING TENANCY SUPPORTS AND HOUSING-RELATED SERVICES THAT INCLUDE PEOPLE EXPERIENCING HOMELESSNESS UNDER THEIR MEDICAID PROGRAMS.

AND STATES ARE NOW LOOKING THROUGH MEDICAID RECORDS TO HELP IDENTIFY PEOPLE WHO ARE EXPERIENCING HOMELESSNESS AND WHO HAVE ONGOING CHRONIC HEALTH CONDITIONS AS WELL AS WHO ARE DRIVING UP COSTS SUCH THAT THEY SHOULD PROVIDE A NEW BENEFIT PACKAGE.

SO THAT, I THINK, CREATES NEW OPPORTUNITIES TO DO THE KIND OF DETECTIVE WORK THAT KATIE IS TALKING ABOUT, BUT NOT ON AN INDIVIDUAL-BY-INDIVIDUAL LEVEL. BUT ON CLAIMS AND POPULATION LEVEL THAT ENABLES POTENTIAL STATE AGENCIES TO PARTNER WITH SSA TO SAY WE'VE IDENTIFIED, YOU KNOW, 200, 500 PEOPLE EXPERIENCING HOMELESSNESS WHO LOOK LIKE THEY HAVE DISABILITIES BUT IT DOESN'T APPEAR THAT THEY ARE ACTUALLY CURRENTLY CONNECTED TO SSIDI BENEFITS AND YOU KNOW, COULD WE ENTER INTO SOME KIND OF ARRANGEMENT FIGURING OUT THE CLIENT CONSENT PART FOR RELEASE OF INFORMATIONS BUT TO BE ABLE TO PROVIDE THAT DOCUMENTATION, AGAIN, NOT ON A PERSON BY PERSON BASIS BUT THROUGH SOME KIND OF DATA LINK EFFORT.

I THINK THERE'S STILL A LOT MORE

INNOVATION TO BE DONE ON THAT
KIND OF SYSTEMS LEVEL
COORDINATION WHICH WILL
HOPEFULLY MAKE THINGS A LOT
EASIER.

I KNOW, A LOT TO BE WORKED
THROUGH THERE, BUT I WOULD SAY,
YOU KNOW, WE NEED THE AGENCIES
LIKE YOURS, CLAIRE, TO PARTNER
MORE WITH SSA AND KIND OF HELP
TROUBLESHOOT THAT IN
MANY MORE STATES.

>> THANKS, RICHARD, AND CAN I
JUST ALSO -- THIS IS CLAIRE
AGAIN, FROM CDSS, JUST ALSO, KIND
OF LOOP BACK, BECAUSE I THINK
THIS MEDICAID CONNECTION IS SO
IMPORTANT.

BUT I ALSO THINK THAT YVONNE,
WHAT YOU'VE HIGHLIGHTED, THIS
ISN'T THE WAY THAT THE MEDICAL
PROFESSION TALKS ABOUT THINGS.
SO, YOU KNOW, WE DO HAVE PEOPLE
WHO REALLY ARE ADVOCATING FOR
MORE TRAINING POSITION, YOU
KNOW, DOING THE CONSULTATIVE
EXAMS BASICALLY, RIGHT, BECAUSE
THEY KNOW THE PATIENT.

AND THAT ALL MAKES SO MUCH SENSE
AND YET WHAT WE FIND IN PRACTICE
IS THE TREATING PHYSICIANS DO
NOT UNDERSTAND WHAT IS NEEDED
AND DON'T NECESSARILY DO THE
FORMS RIGHT, DON'T NECESSARILY
UNDERSTAND WHAT LIKE, WHAT'S
TRYING TO BE THE ENDPOINT TO GET
TO AND HOW TO TALK ABOUT
FUNCTIONALITY.

SO, IT'S JUST AN INTERESTING
THOUGHT ABOUT AS WE ARE THINKING
ABOUT BRIDGING AND BEING MORE
PERSON-CENTERED IN OUR APPROACH,
YOU KNOW, WE HAVE THESE MASSIVE
SOCIAL SERVICES SYSTEMS AND
HEALTH CARE SYSTEMS THAT
OBVIOUSLY ARE SERVING SO MANY OF
THE SAME PEOPLE THAT REALLY DO
SPEAK TWO TOTALLY DIFFERENT
LANGUAGES AND SOMETIMES IT SEEMS
LIKE EVERYONE, WELL, YOU'RE ALL
HELPING THE SAME POPULATION AND
THEREFORE, YOU CAN EXPLAIN EACH
OTHER'S SYSTEMS AND YOU
UNDERSTAND INTEGRATION.

AND I JUST THINK WE HAVE A LONG
WAY TO GO TO REALLY -- WE'VE
DONE, I THINK, A LOT OF GOOD

STEPS FORWARD, BUT I THINK WE JUST HAVE A LONG WAY TO GO TO WHERE WE'RE SAYING THINGS IN A LANGUAGE THAT FEELS UNIFIED AND PEOPLE CAN REALLY TALK ACROSS SYSTEMS MUCH MORE SEAMLESSLY.

>> I THINK ONE WAY TO START SOME OF THAT MIGHT BE APPROACHING SOME PROFESSIONAL MEDICAL ORGANIZATION ON A NATIONAL LEVEL AND SAYING, YOU KNOW, WE'RE ALL IN THIS TRYING TO SERVE THE SAME PERSON, HOW DO WE DO THAT IN SOME KIND OF WAY AND HOW CAN WE INCORPORATE SOMETHING ABOUT THAT IN YOUR TRAINING?

BECAUSE IT'S NOT THERE.

IT'S NOT THERE FOR PHYSICIANS, NURSE PRACTITIONERS, PSYCHOLOGISTS, SOCIAL WORKERS. IT'S JUST NOT THERE.

THAT'S NOT WHAT FOLKS ARE BEING TRAINED TO DO.

AND, ESPECIALLY IN LARGE MEDICAL SCHOOLS, WHERE THEIR ERs ARE SEEING TONS OF PEOPLE, THAT COULD AT LEAST BE A PILOT KIND OF APPROACH TO TRY.

IN MARYLAND, IN BALTIMORE WHEN WE WERE DOING THE SSI PROJECT, IT WAS THE PRECURSOR FOR SURE. I TRAINED THE RESIDENTS ABOUT SOCIAL SECURITY AND DISABILITY. I'M NOT SURE WE MADE A HUGE IMPACT, BUT AT LEAST WHEN WE CONTACTED THEM THEY COULD GO, OH, I KNOW WHAT YOU'RE TALKING ABOUT, AND THAT'S HELPFUL.

SO, IT'S SOMETHING TO THINK ABOUT.

IT IS THE KIND OF SYSTEM CHANGE THAT I THINK CLAIRE AND KATIE WERE TALKING ABOUT.

HOW DO WE MAKE THIS ALL OF OUR EFFORT AND NOT JUST A SILOED EFFORT LIKE THIS?

IT WOULD WORK OUT SO MUCH MORE EFFECTIVELY FOR ALL OF US IF WE COULD DO THAT.

>> WELL, I JUST WANT TO MAKE SURE THAT WE GET TO A COUPLE OF THE QUESTIONS THAT CAME IN AS WE WERE TALKING TODAY.

ONE OF THE FIRST ONES I'LL TURN TO IS VERY BRIEF, BUT IT'S A BIG QUESTION.

HOW CAN WE IMPROVE APPLICATION

PROCESSING DELAYS AT THE FIELD
OFFICE LEVEL?

>> HIRE MORE STAFF.

I MEAN, REALLY, IT'S, YOU KNOW,
THEY ARE UNDERSTAFFED.
YOU KNOW, CONGRESS NEEDS TO GIVE
THEM SOME MORE MONEY AND TO
STAFF PEOPLE AT THE
FIELD OFFICE.

THAT'S WHAT THEY NEED TO DO.
AND OF COURSE, THE PARTNERSHIPS,
THOSE COMMUNITY PROVIDERS, MAYBE
THEY CAN HELP GET SOME OF THE
INFORMATION.

>> STRAIGHT TO THE POINT.

I'LL GO TO THE NEXT QUESTION.

I SAW A REPORT SAYING
INCARCERATED INDIVIDUALS CAN
INITIATE BENEFITS APPLICATIONS
ONCE AN EXPECTED RELEASE DATE IS
ESTABLISHED.

BUT CREATING AN SSA ONLINE
ACCOUNT HAS BEEN IMPOSSIBLE TO
CREATE FOR CURRENTLY
INCARCERATED, OR EVEN RECENTLY
RELEASED, INDIVIDUALS.

ANY SUGGESTIONS?

>> THEY COULD REALLY SUPPORT A
SOAR PROJECT.

I MEAN, WE HAVE GONE INTO
PRISONS AND WE'VE DONE THE
APPLICATION WORK WHILE THE
INDIVIDUAL IS INCARCERATED.
WE EVEN DID IT DURING COVID OVER
VIDEO INTERVIEWING THE CLIENTS,
GETTING EVERYTHING SIGNED
THROUGH THE SOCIAL WORKER.
AND WE WERE ABLE TO GET
EVERYTHING IN PLACE SO THAT WHEN
THE INDIVIDUAL IS DISCHARGED THE
BENEFITS CAN BEGIN.

THERE'S WAYS TO DO IT AND, LIKE,
WE MANAGED TO DO IT.

AND SOAR IS THE PERFECT FIT FOR
SOMETHING LIKE THAT.

>> AND OBVIOUSLY, YOU CAN DO A
PRE-RELEASE AGREEMENT WITH THE
CORRECTIONAL FACILITIES OR WITH,
EVEN, LOCAL JAILS.

WE HAVE ONE -- I DID ONE WITH
OUR LOCAL JAIL AND OUR PRISON
SYSTEM HAS ONE STATEWIDE WHERE
YOU CAN ACTUALLY START THE
APPLICATIONS A BIT LONGER AHEAD
SO, YOU HAVE A CHANCE OF GETTING
A DECISION BEFORE THE PERSON
IS RELEASED.

TYPICALLY, IT'S ABOUT 30 DAYS
[INAUDIBLE] APPLICATION, BUT
NOW WE'RE DOING THEM
FOUR MONTHS OUT.
AND AS MICHELE SAID, YOU CAN GET
IT DONE AND WHEN THEY GET
RELEASED AND HAVE THEIR RELEASED
DOCUMENTS, THEY CAN GET PUT
INTO PAY.
>> WE ALSO DO THAT FOR YOUTH AT
FOSTER CARE.
AS KIDS ARE AGING OUT OF THE
FOSTER CARE SYSTEM, WE'RE ABLE
TO GET THE BENEFITS READY SO
THAT ONCE THEY'RE DISCHARGED
FROM THE SYSTEM, THE BENEFITS
CAN BE TURNED ON.
>> YEAH, I JUST WANT TO
EMPHASIZE THAT MORE.
I MEAN, ANY SERVICE PROVIDER OR
REENTRY PROGRAM CAN ENTER INTO A
SERVICE AGREEMENT, A PRERELEASE
AGREEMENT WITH AN SSA FIELD
OFFICE AND DO THAT IN-EACH
SERVICES AND BE IDENTIFIED AS
THE CONTACTED ORGANIZATION, AND
MANY ORGANIZATIONS ARE
DOING THAT.
AND THERE ARE PEOPLE IN BOTH
JAILS AND PRISONS WHOSE JOB IT
IS TO HELP FACILITATE THOSE KIND
OF PARTNERSHIPS AND THAT
IN-REACH, AND I THINK WE'LL BE
SEEING A LOT MORE OPPORTUNITIES
AS A LOT MORE ORGANIZATIONS ARE
DOING THAT KIND OF, WHAT WE CALL
IN-REACH INTO A JAIL OR PRISON
PRIOR TO PEOPLE'S RELEASE DATES.
SO, I CAN'T SAY -- EMPHASIZE
ENOUGH THE IMPORTANCE OF THOSE
PARTNERSHIPS TO HAVE
ORGANIZATIONS GO INTO PRISONS,
JAILS, WORK WITH REENTRY
PLANNERS WHO WORK AS PART OF
CORRECTIONAL FACILITIES OR
COUNTY JAILS AND WHO, YOU KNOW,
KNOW WHO IS SLATED FOR RELEASE.
AND WE ALL KNOW RELEASE DATES
CAN BE A LITTLE BIT
UNPREDICTABLE SOMETIMES, BUT TO
BE ABLE TO DO AS BEST TO
ANTICIPATE THAT, AND HAVE THOSE
ORGANIZATIONS BEGIN DOING THE
APPLICATION WHERE THEY ARE ABLE
TO MANAGE THAT WERE OFTEN
CORRECTIONAL STAFF ARE
PROHIBITED FROM ASSISTING WITH

APPLYING FOR BENEFITS OR MAY NOT HAVE THE INTERNET CONNECTION OR TECHNOLOGY TO DO SO.

>> I WOULD LIKE TO JUST ADD ONE MORE THING, AND THAT IS, FUNDING FOR ORGANIZATIONS TO BE ABLE TO DO THAT IS REALLY CHALLENGING. I PROBABLY SPEND ABOUT 20% OF MY TIME LOOKING FOR MONEY SO THAT WE COULD DO THE SOAR APPLICATIONS THAT NEED TO BE DONE.

AND THEY'RE REALLY -- SSA, THESE ARE REALLY COST-EFFECTIVE.

I MEAN, YOU CAN HAVE SOMEONE CONTINUE TO REAPPLY AND BE DENIED AND TAKE UP TIME OR YOU CAN DO IT RIGHT AND HAVE IT FINISHED.

I MEAN, I -- MOST OF OUR CASES, WE END UP HAVING PRIOR CLAIMS REOPENED BECAUSE THE PEOPLE HAVE APPLIED SO MANY TIMES THAT WE'RE ABLE TO GET THEM THE BACK BENEFITS.

SO, THERE'S A LOT OF TIME SPENT CHASING YOUR TAIL, BUT ORGANIZATIONS LIKE MY LEGAL SERVICES PROGRAM, LIKE OTHER AGENCIES, NEED THE FUNDING TO BE ABLE TO HAVE THE STAFF TO DO THAT KIND OF WORK.

>> WE HAVE A SOCIAL WORKER IN OUR LOCAL JAIL WHO IS SOAR TRAINED.

SO, SHE STARTS THE APPLICATIONS THERE AND THEN WE CAN OFTEN GET A DECISION BEFORE THEY COME OUT. WE ALSO HAVE SOCIAL WORKERS IN OUR STATE PRISONS WHO ARE SOAR TRAINED.

AND SO, THERE ARE WAYS TO DO THIS.

FOR THE COMMUNITY IN REACH, SOMETIMES IT CAN TAKE A WHILE TO GET INTO A PRISON.

I DON'T MEAN, LIKE, IF YOU DO A CRIME, IT'S PRETTY EASY. BUT AS A WORKER, YOU KNOW, IT CAN TAKE AN HOUR TO GET INTO A PRISON IF YOU'RE DOING AN IN-PERSON.

SO THAT'S A CHALLENGE FOR COMMUNITY PROVIDERS.

BUT IT'S A WONDERFUL MODEL THAT CAN REALLY HELP PREVENT REINCARCERATION.

>> [INAUDIBLE] BACK A
LITTLE BIT.
BASED ON SOME OF THE QUESTIONS,
IT MAY BE HELPFUL TO PROVIDE
SOME BASIC INFORMATION ABOUT THE
SOAR MODEL AND HOW SOAR REPS
HELP PEOPLE ACCESS BENEFITS.
AT LEAST ONE PERSON WAS
UNFAMILIAR WITH THE PROGRAM
BEFORE JOINING THE CALL TODAY.
>> OH, YVONNE, YOU'RE ON A --
>> THIS IS SOMETHING I COULD
TALK ABOUT FOREVER BUT
I'LL BE QUICK.
THE SOAR MODEL IS ESSENTIALLY A
PROCESS MODEL WHERE ALL OF THE
STEPS OF THE APPLICATION ARE
DONE AS NEEDED ON AN
OUTREACH BASIS.
SO, FOR EXAMPLE, IT WAS SET UP TO
DO APPLICATIONS WITH PEOPLE ON
THE STREET AND TO GO OUT TO THEM
AND START DOING IT THAT WAY, AND
THAT'S WHY I MENTIONED THE
IMPORTANCE OF HAVING A DOCTOR GO
OUT AND DO A PSYCH EVAL FOR
FOLKS ON THE STREET.
SO, IT IS REALLY AN EXPEDITED
PROCESS MODEL, MEANING THAT IF
A SOAR TRAINED REP IS REALLY
DOING IT ACCORDING TO THE MODEL,
THAT PERSON WILL HELP DO THE
APPLICATION, COLLECT ALL THE
MEDICAL RECORDS, WRITE UP A KIND
OF SUMMARY REPORT ON THE PERSON,
AND IF POSSIBLE, GET THAT REPORT
CO-SIGNED BY THE MEDICAL
PROVIDER FOR THAT INDIVIDUAL SO
IT BECOMES MEDICAL EVIDENCE.
SO, IT'S REALLY TRAINING FOLKS IN
ALL THE STEPS AND ALL THE
DISCONNECT IN THE STEPS THAT
HAPPEN FOR FOLKS EXPERIENCING
HOMELESSNESS SO THAT WE CAN GET
QUICKER DECISIONS MORE
EFFECTIVELY.
THAT'S A REAL QUICK SUMMARY.
[LAUGHTER]
>> WE HAVE A SET OF QUESTIONS
THAT I THINK ARE FOCUSED ON A
BETTER UNDERSTANDING OF THE
POPULATION AND I WANT TO MAKE
SURE, THAT WE GET TO
THOSE AS WELL.
THE FIRST ONE IS, IS THERE DATA
ON FREQUENT IMPAIRMENTS, THOSE
WHO FACE HOUSING INSECURITY

EXPERIENCE?
SPECIFICALLY, MENTAL DISORDERS,
CARDIOVASCULAR IMPAIRMENT,
ET CETERA?
AND WHAT HAS BEEN THE IMPACT ON
COVID-19, AND LONG-HAUL COVID IN
THE HOMELESS COMMUNITY.
>> I MEAN, I'LL TAKE THAT ONE AT
LEAST WITH RESPECT TO PEOPLE
EXPERIENCING HOMELESSNESS.
YOU KNOW, WE HAVE A COUPLE OF
NATIONAL REPORTS THAT WE PRODUCE
EVERY YEAR, ONE OF WHICH, AND
THERE'S SOME GAPS IN THAT DATA.
BUT I'LL TALK A LITTLE BIT ABOUT
WHAT SOME STATES HAVE BEEN
ABLE TO DO.
BUT IN THE NATIONAL REPORTS, ONE
OF THE REPORTS WE HAVE LOOKS AT
THE ANNUAL USE OF HOMELESS
SHELTERS AND OTHER
HOMELESS PROGRAMS.
IT'S KNOWN AS THE ANNUAL
HOMELESS ASSESSMENT
REPORT, PART TWO.
AND THAT ONE ACTUALLY PROVIDES
PRETTY GOOD DATA ON A
SELF-REPORTED BASIS ABOUT
VARIOUS CONDITIONS THAT PEOPLE
HAVE, AS WELL AS DISABILITIES.
THE 2020 REPORT ACTUALLY SHOWS
THAT ABOUT 50% OF PEOPLE WHO ARE
HOMELESS RESIDING IN SHELTERS OR
TRANSITIONAL HOUSING REPORT
HAVING HAD SOME KIND OF
DISABILITY.
AND THAT INCLUDES PSYCHIATRIC,
IT INCLUDES PHYSICAL
DISABILITIES OR CHRONIC KIND OF
MEDICAL CONDITIONS THAT ARE
DISABLING CONDITIONS.
THAT DATA ALSO, UNFORTUNATELY,
DOES NOT INCLUDE PEOPLE WHO ARE
LIVING IN UNSHELTERED SETTINGS
WHO MAY BE SLEEPING OUTSIDE.
AND SO, WE HAVE A DIFFERENT
REPORT THAT TRACKS THAT NUMBER,
BUT WE DON'T HAVE GREAT
DATA ON THAT.
THERE WAS A STUDY THAT THE
CALIFORNIA POLICY LAB DID WHERE
THEY ACTUALLY LOOKED AT DATA
REPORTED FROM A NUMBER OF
COMMUNITIES, SO IT'S NOT
REPRESENTATIVE OR NATIONAL, BUT
COMPARING PEOPLE WHO SLEEP
OUTSIDE VERSUS THOSE WHO ARE IN

SHELTERED SETTINGS AND FOUND THAT THE RATES OF THEM HAVING SERIOUS MENTAL ILLNESS, SUBSTANCE ABUSE DISORDERS, OR CHRONIC MEDICAL CONDITIONS OR TRI-MORBIDITIES OF THOSE ARE, LIKE, MANY, MANY PERCENTAGE POINTS HIGHER FOR PEOPLE WHO ARE UNSHELTERED THAN THOSE WHO ARE IN SHELTERED SETTINGS.

SO, MY POINT OF ALL OF THAT IS TO SAY, FROM WHAT THE DATA THAT WE HAVE IS THAT THERE'S A FAIRLY HIGH PERCENTAGE OF DISABILITIES, SERIOUS MENTAL ILLNESSES, BUT NOT AMONG ALL PEOPLE EXPERIENCING HOMELESSNESS. THEY ARE DEFINITELY HIGHER AMONG PEOPLE WHO SLEEP OUTSIDE IN UNSHELTERED SETTINGS, BUT FOR THOSE PEOPLE WHO DO TEND HAVE DISABILITIES, YOU TEND TO HAVE NOT ONE, BUT KIND OF CO-OCCURRING AND OFTEN TRI-MORBID KINDS OF DISABILITIES.

SO, IT'S A COMPLICATED STORY. AND I THINK WHAT ANOTHER INNOVATIVE THING THAT I THINK SOME STATES HAVE DONE IS TO ACTUALLY, MATCH MEDICAID DATA WITH THEIR HOMELESS MANAGEMENT INFORMATION SYSTEM DATA TO REALLY UNDERSTAND BETTER, WHAT ARE THE CONDITIONS? AND THERE YOU'RE ACTUALLY TAKING DIAGNOSIS INFORMATION FROM MEDICAID CLAIMS DATA TO UNDERSTAND WHAT PEOPLE HAVE, AND MANY OF THOSE HAVE FOUND THAT THERE ARE THESE SUBSETS OF PEOPLE EXPERIENCING HOMELESSNESS WHO HAVE REALLY, REALLY, REALLY CHALLENGING NEEDS.

AND AGAIN, WHO ARE NOT ALWAYS CONNECTED TO SSDI BENEFITS IN THE WAY THAT THEY SHOULD BE, SO I HOPE THAT ANSWERS THE QUESTION MAYBE MORE THAN THE PERSON WHO ASKED THE QUESTION BARGAINED FOR.

>> I'D LIKE TO ADD ONE BIT TO THAT.

THIS IS KATIE FROM NATIONAL HEALTH CARE FOR THE HOMELESS COUNCIL.

RICHARD SUMMED IT BEAUTIFULLY.

JUST TO EMPHASIZE, THE PEOPLE EXPERIENCING HOMELESSNESS NOT ONLY HAVE MANY OF THESE CONDITIONS AT A HIGHER RATE AND MORE OF THEM, HAVING THOSE MULTIPLE MORBIDITIES, THEY ARE MORE LIKELY TO DIE FROM THOSE CONDITIONS THAN THEIR HOUSED COUNTERPARTS.

LOTS OF DIFFERENT DATA AND STUDIES ON THIS, BUT MANY HAVE ESTIMATED AROUND, OR HAVE DEMONSTRATED THAT A PERSON IS MORE LIKELY TO DIE THAN THEIR HOUSED COUNTERPART, OFTEN 20 YEARS EARLIER.

AND THERE ARE SOME STUDIES THAT SHOW THAT NUMBER TO BE EVEN HIGHER.

BUT SO THAT IT IS NOT ONLY THAT THEY -- THE CONDITIONS EXIST AT A HIGHER RATE, BUT ALSO THAT SOME OF THOSE CHRONIC HEALTH CONDITIONS THAT MAY NOT NECESSARILY BE CATASTROPHIC FOR A PERSON WHO IS HOUSED, THEY CAN AND OFTEN DO BECOME CATASTROPHIC FOR SOMEBODY WHO IS UNHOUSED.

SO, TO TAKE FROM THAT MANY THINGS, BUT THAT THE SHEER FACT OF EXPERIENCING HOMELESSNESS IS A CONDITION THAT IS DIRECTLY LEADING TOWARDS DEATH BECAUSE THAT IS THE VARIABLE THERE.

AND SO, THE FLIP SIDE TO THAT, AND I CAN'T BELIEVE WE GOT 90 MINUTES INTO THIS, GUYS, WITHOUT SAYING, THAT HOUSING IS HEALTH CARE.

WE KNOW THAT THAT IS GOING TO BE ONE OF THE THINGS THAT IS GOING TO -- IT CERTAINLY IS WHAT ENDS HOMELESSNESS, BUT IT IS ALSO -- POTENTIALLY PROVIDES YEARS ON TO A PERSON'S LIFE.

AND THAT IS VERY CLEAR WHEN WE COMPARE HOUSED AND UNHOUSED INDIVIDUALS WITH THE SAME CONDITIONS.

LOTS OF OTHER LAYERS TO THAT AND SOME REALLY GREAT QUESTIONS THAT WE COULD DELVE INTO WHOLE OTHER FORUMS ON THIS, BUT VERY CONCRETELY, WE KNOW WHAT ENDS HOMELESSNESS AND WE KNOW WHAT CAN IMPROVE HOUSING -- OR, EXCUSE ME, IMPROVE HEALTH CARE.

>> THE OTHER HEALTH CONDITION
ISSUE IS, IF YOU'RE LIVING
OUTSIDE, YOU WIND UP WITH HEALTH
PROBLEMS THAT PEOPLE DON'T
ENCOUNTER IF THEY'RE HOUSED.
FOR EXAMPLE, LOTS OF SKIN
CONDITIONS, AND DIFFICULTIES
WITH THINGS LIKE, YOU KNOW,
FROSTBITE AND GANGRENE AND
THINGS THAT YOU DON'T TYPICALLY
SEE IN HOUSED POPULATIONS.
PEOPLE HAVING MUCH HIGHER RATES
OF RESPIRATORY, SERIOUS
RESPIRATORY ON THIS.
PEOPLE HAVING MUCH HIGHER RATES
OF INFECTIOUS DISEASES,
INCLUDING HIV, HEPATITIS,
ET CETERA.
SO, IT'S NOT EVEN JUST, I GUESS
-- I'M JUST ADDING TO WHAT
EVERYBODY SAID, ESPECIALLY THE
SKIN PROBLEMS THAT ARE JUST
EXTRAORDINARY.
>> AND JOY, JUST QUICKLY, IF YOU
DON'T MIND, I JUST WANT TO ALSO,
LIKE, POINT PEOPLE TOWARD
DR. MARGOT KUSHEL, WHO'S A
PROFESSOR AND DOCTOR AT THE
UNIVERSITY OF CALIFORNIA
SAN FRANCISCO WHO'S, LIKE, A
NATIONAL EXPERT, PARTICULARLY ON
OLDER ADULTS EXPERIENCING
HOMELESSNESS.
AND YOU KNOW, WHAT YOU'VE HEARD
FROM EVERYONE IS REALLY BACKED
UP BY A LOT OF THE RESEARCH
SHE'S DOING, INCLUDING SEEING
GERIATRIC CONDITIONS IN PEOPLE
OF MUCH YOUNGER AGE.
SO, LIKE, IF YOU WATCH -- SHE'S
A WONDERFUL PRESENTER.
SO, I REALLY ENCOURAGE PEOPLE TO
SEEK OUT BOTH HER RESEARCH AND
HER PRESENTATIONS.
YOU KNOW, SHE'LL SAY THINGS
LIKE, "50 IS THE NEW 75 WHEN
YOU'RE HOMELESS," RIGHT, BECAUSE
LIVING UNSHELTERED IS SO HARD ON
YOUR BODY AND EXACERBATES AND
ACCELERATES CONDITIONS SO
RAPIDLY THAT YOU HAVE CONDITIONS
SHOWING UP IN PEOPLE WHO -- YOU
NEVER SEE THESE CONDITIONS IN
SOMEONE WHO'S 50.
BUT IF THEY'RE
UNSHELTERED/HOMELESS, YOU'RE
SEEING THOSE CONDITIONS.

SHE JUST PUBLISHED A STUDY ON THE HIGH MORTALITY RATES FOR OLDER ADULTS WHO ARE HOMELESS. AND I THINK, AGAIN, JUST REALLY REINFORCING WHAT KATIE SAID, WHICH IS, YOU KNOW, REALLY LOOKING AT IT AS HOUSING BEING MUCH MORE THAN JUST A ROOF OVER YOUR HEAD, THAT IT REALLY IS ALLOWING PEOPLE TO HEAL. IT'S ALLOWING THEM TO HAVE STABILITY.

IT'S ALLOWING THEM TO GET SLEEP. SOME OF THE CONDITIONS WE MIGHT BE THINKING ARE MENTAL HEALTH CONDITIONS ARE REALLY PEOPLE EXPERIENCING LACK OF SLEEP BECAUSE THEY CAN'T REST, SO THAT THEY'RE BASICALLY BECOMING, LIKE, DELUSIONAL ON THE STREET BECAUSE OF LACK OF SLEEP. SO THOSE ARE JUST EXAMPLES OF, ONCE THEY'RE HOUSED AND STABLE AND HAVE SOME SAFETY, THAT SOME OF THESE THINGS CAN RESOLVE BECAUSE OF CONTINUED HEALTHCARE. BUT SOME MIGHT RESOLVE JUST BECAUSE THEY WERE CREATED BY BEING UNSHELTERED/HOMELESS. SO, I JUST WANTED TO ADD THAT PIECE IN TOO.

>> THANKS, CLAIRE.

THE NEXT QUESTION IS: I UNDERSTAND THAT PEOPLE OF COLOR HAVE HIGHER RATES OF HOUSING INSECURITY.

WHAT ARE SOME OF THE SYSTEMIC BARRIERS YOU SEE THAT CAUSE THESE DISPARITIES?

>> I MEAN, THAT'S A -- IT'S A COMPLEX QUESTION.

IT'S NO QUESTION THAT PEOPLE WHO EXPERIENCE HOUSING INSECURITY AND HOMELESSNESS ARE DISPROPORTIONATELY BLACK OR BROWN OR OTHER PEOPLE OF COLOR, AND ALSO, NATIVE AMERICAN AND INDIGENOUS POPULATIONS AS WELL. BUT JUST TO ILLUSTRATE THAT, YOU KNOW, WE KNOW ABOUT 40% OF PEOPLE WHO EXPERIENCE HOMELESSNESS ARE BLACK OR AFRICAN AMERICAN.

AND THAT'S, YOU KNOW, COMPARED TO 13% IN THE GENERAL POPULATION.

AND WE ALSO SEE SIMILAR KINDS OF

DISPARITIES AMONG PEOPLE WHO EXPERIENCE EVICTIONS, PEOPLE WHO ARE SEVERELY RENT BURDENED.

SO, WHY THAT IS A COMPLEX STORY.

PART OF IT HAS TO DO WITH THE FACT THAT YOU SEE A LOT MORE PEOPLE OF COLOR AND BLACK AMERICANS WHO ARE RENTERS RATHER THAN HOMEOWNERS.

AND THAT'S BECAUSE OF HISTORICAL THINGS THAT HAVE SHUT OUT THE BLACK COMMUNITY FROM HOMEOWNERSHIP OPPORTUNITIES, WHICH IS THE PRIMARY FORM OF WEALTH BUILDING.

SO KIND OF GENERATIONALLY YOU'VE SEEN PEOPLE BEING -- HAVING LESS OPPORTUNITY TO BUILD WEALTH RELATIVE TO WHITE AMERICANS.

THE OTHER THING IS THE IMPACT OF INEQUITIES IN THE CRIMINAL JUSTICE SYSTEM, IN HEALTHCARE ACCESS THAT HAVE ALSO -- KIND OF CREATE ADDITIONAL BARRIERS FOR PEOPLE TO OBTAIN HOUSING ASSISTANCE.

AND SO, YOU KNOW, A PERSON WHO IS -- A PERSON OF COLOR HAS A HIGHER CHANCE OF HAVING POOR CREDIT HISTORY, POTENTIALLY A CRIMINAL HISTORY, MAY ALSO HAVE HAD INEQUITABLE ACCESS TO THE KIND OF HEALTHCARE THAT LEADS TO THEIR -- CONTRIBUTES TO THEIR RISK OF HOMELESSNESS AS WELL. SO, IT'S NOT A SIMPLE ANSWER THAT, I THINK, LEADS TO THE REASONS WHY WE SEE THE DISPARITIES.

I THINK THE IMPORTANT THING IS THAT THE QUESTION THAT WAS ASKED, TO POINT OUT THE FACT THAT THERE ARE SIGNIFICANT RACIAL DISPARITIES IN WHO OBTAINS THIS -- WHICH IS WHY I THINK THE KIND OF STRATEGIES THAT WE'RE TALKING ABOUT HERE THAT HELP PEOPLE TO OBTAIN THEIR DOCUMENTS, THAT HAVE HELPED PEOPLE TO OBTAIN VERIFICATION OF THEIR SOCIAL SECURITY NUMBERS AND ULTIMATELY ACCESS TO THEIR BENEFITS, IS A STRATEGY THAT IS ABOUT ADVANCING RACIAL EQUITY AND HELPING OVERCOME THESE KIND OF ONGOING DISPARITIES IN

SYSTEMIC RACISM.

SO, THE WORK THAT WE'RE TALKING ABOUT HERE, I'M GLAD -- IT'S SORT OF SAD THAT IT'S TAKEN US THIS LONG INTO THIS FORUM TO EVEN BRING THAT UP. WE SHOULD HAVE DONE THAT EARLIER ON.

BUT THIS IS CRITICAL BECAUSE ALL THE REASONS THAT LEAD PEOPLE TO BE IN THE SITUATION WHERE THEY'RE IN, WHERE THEY'RE UNHOUSED AND LACKING ACCESS TO BENEFITS, AND ALSO EXPERIENCING CHRONIC CONDITIONS THAT LEAD TO THEIR REQUIRING DISABILITY BENEFITS IS RELATED TO ALL THE KIND OF HISTORICAL THINGS THAT HAVE LED PEOPLE TO NOT BE ABLE TO GAIN WEALTH, HAVE ACCESS, EQUITABLE ACCESS TO HOUSING, YOU KNOW. AND AGAIN, I DIDN'T EVEN MENTION JUST LIKE OVERT HOUSING DISCRIMINATION TOO.

>> RIGHT.

>> WE SEE THAT QUITE A BIT AS WELL.

SO THAT NEEDS TO BE SAID.

>> YEAH.

PIGGYBACKING ON WHAT RICHARD SAID, I THINK THE CRIMINAL JUSTICE DISCRIMINATION PLAYS A HUGE ROLE IN ACCESSING HOUSING. AND THERE ARE FEDERAL POLICIES THAT DON'T ALLOW PEOPLE WITH CRIMINAL HISTORIES TO ACCESS SUPPORTS FOR HOUSING OR PARTICULAR KINDS OF HOUSING. AND SO, WE HAVE TO LOOK REALLY -- IT'S ACROSS SYSTEMS OF LOOKING FOR DISCRIMINATORY POLICIES THAT KEEP PEOPLE FROM BEING ABLE TO GET NOT ONLY HOUSING BUT ALSO OTHER SERVICES.

THE WHOLE SUBSTANCE USE -- WE HAVEN'T EVEN TALKED ABOUT THE WHOLE SUBSTANCE USE ARENA, IF YOU WILL, AND THE INCARCERATION OF BLACK AND BROWN PEOPLE FOR SUBSTANCE USE, POSSESSION THAT HAPPENED FOR DECADES IN WAYS THAT WAS INCREDIBLY DISCRIMINATORY.

SO, THERE ARE HUGE FACTORS. AND I THINK, YOU KNOW, SOMETHING THAT USICH COULD DO IS LOOK

ACROSS THEIR FEDERAL AGENCY
POLICIES AND LOOK AT WHAT
CONTRIBUTES TO THE PREVALENCE OF
PEOPLE OF COLOR IN THE HOMELESS
POPULATION.

>> I JUST WANT TO REALLY ADD TO
WHAT BOTH RICHARD AND YVONNE ARE
SAYING, BECAUSE I THINK BOTH --
IT IS SUPER COMPLICATED.

BUT I THINK WE JUST HAVE TO,
LIKE, NAME AGAIN AND AGAIN, LIKE
UNDERPINNING ALL THOSE THINGS
THAT RICHARD JUST POINTED OUT
AND THAT YVONNE JUST
POINTED OUT.

LIKE SYSTEMIC RACISM AND HOW
MUCH IT IS BAKED IN TO SO MANY
DIFFERENT FACETS OF OUR SYSTEMS.
AND SO, THERE'S OBVIOUS, LIKE --
SOMETHING LIKE RED LINING
WHERE, YOU KNOW, IT WAS
SO OVERT, SUCH AN OVERT
DISCRIMINATION, YOU KNOW.

AND THEN I THINK WE SOMETIMES
GET COMPLACENT LIKE OH, IF WE'VE
STOPPED THAT PRACTICE THEN WE'VE
SOLVED THE PROBLEM.

AND I JUST THINK WE REALLY HAVE
TO LEAN IN NOW MUCH MORE TO WHAT
ARE THE EFFECTS OF OUR
POLICIES, EVEN IF THEY LOOK
RACIALLY MUTUAL.

SO, I JUST WANT TO POINT OUT
SOMETHING THAT HAPPENED IN
CALIFORNIA.

SO, PRIOR TO WORKING AT THE
DEPARTMENT OF SOCIAL SERVICES, I
WORKED FOR AN ADVOCACY
ORGANIZATION CALLED JUSTICE
IN AGING.

AND ONE OF THE THINGS WE WORKED
REALLY HARD ON AND WERE ABLE TO
SUCCESSFULLY -- WITH
PARTNERSHIPS, MANY PARTNERSHIPS
-- GET PASSED IN CALIFORNIA WAS
REMOVAL OF THE MEDICAID ASSET
LIMIT FOR OLDER ADULTS AND
PEOPLE WITH DISABILITIES.

SO, THE ASSET LIMIT WAS \$2,000,
JUST LIKE IT IS FOR SSI.

AND ONE OF THE THINGS THAT WE
REALLY, YOU KNOW, WANTED TO
HIGHLIGHT WAS THIS ISSUE OF
GENERATIONAL WEALTH DISPARITIES.
AND SO, YOU KNOW, PRIMARY
RESIDENTS OF AN OWNERSHIP OF A
HOME IS EXEMPT WITHIN

THESE PROGRAMS.
BUT HAVING MONEY IN THE
BANK IS NOT.
SO, WHAT DOES THAT
ACTUALLY, LEAD TO?
YOU COULD BE A MUCH MORE WEALTHY
PERSON, EVEN IF YOU'RE STILL
LOW-INCOME, EVEN IF YOUR WEALTH
IS, YOU KNOW, TIED UP ALL IN
YOUR HOUSE AND YOU CAN'T MAKE
REPAIRS AND THINGS.
IT'S STILL AN ASSET THAT'S
WORTH MONEY.
BUT YOU WILL HAVE PEOPLE WHO
CAN'T AFFORD TO EVER BUY A HOUSE
BUT MAYBE THEY CAN SAVE \$5,000
OR \$10,000 OR \$20,000.
THEY'RE NOT GOING TO BE ABLE TO
ACCESS THESE PROGRAMS.
BUT THEIR NEED, ARGUABLY, IS
MUCH HIGHER.
AND THEIR STABILITY IS MUCH MORE
TENUOUS BECAUSE THEY'RE
OBVIOUSLY, RENTERS.
SO, I JUST THINK WE NEED TO START
LOOKING AT SOME OF THESE BAKED
IN ELIGIBILITY RULES AND REALLY
LOOK AT THEM THROUGH A RACIAL
EQUITY LENS AND BE WILLING TO
ACKNOWLEDGE THAT THEY DO HAVE A
DISPARATE IMPACT AND THEY ARE
NEGATIVELY AFFECTING PEOPLE OF
COLOR, AND THAT WE COULD DO
SOMETHING ABOUT THEM, RIGHT.
THERE'S NOTHING INHERENTLY --
INTO OUR PROGRAMS THAT \$2,000 IS
A MAGIC NUMBER, RIGHT?
SO JUST TO REALLY THROW IT OUT
THERE, THAT WE COULD BE MORE
PROGRESSIVE IN THE WAY WE THINK
ABOUT THAT AND THAT WE DON'T
HAVE TO FORCE PEOPLE WHO ARE
DISABLED INTO ABJECT POVERTY BY
LETTING THEM ONLY HAVE \$1,990,
OR ELSE, SOMEHOW, THEY CAN DO IT
JUST FINE BY THEMSELVES.
SO, I JUST THINK WE'RE KIND OF AT
A PLACE WHERE WE COULD BE REALLY
MODERNIZING SOME OF THIS.
>> SO, I'LL NEXT TURN TO ANOTHER
BIG QUESTION, BUT A
FOUNDATIONAL ONE.
WHY IS IT SO DIFFICULT TO
RECEIVE HELP AND GET PEOPLE OFF
THE STREETS AND OUT OF
COMPROMISING SITUATIONS?
I TAKE IT TO BE, WHY CAN'T WE

END HOMELESSNESS?

>> I'LL TAKE A FIRST CRACK AT THAT ONE, JOY.

THAT ALSO -- THERE'S A LOT OF REASONS.

I'LL SAY, FIRST OF ALL, THERE ARE LOTS OF COMMUNITIES WHERE HOMELESSNESS IS GOING DOWN. AND THAT IS BECAUSE OF EFFECTIVE WORK THAT'S BEING DONE TO RELENTLESSLY TRY TO CONNECT PEOPLE TO HOUSING AS QUICKLY AS POSSIBLE.

THAT IS THE HOUSING FIRST APPROACH.

THAT IS WHAT WE KNOW SOLVES HOMELESSNESS.

WE ALSO NEED TO COUPLE THAT WITH EFFORTS THAT CAN GO UPSTREAM AND PREVENT PEOPLE FROM LOSING THEIR HOMES IN THE FIRST PLACE.

JUST TO PUT THAT IN PERSPECTIVE, FROM 2017 TO 2020, IN EACH OF THOSE YEARS, ABOUT 900,000 PEOPLE ACTUALLY EXPERIENCED HOMELESSNESS BUT ACTUALLY THEN LEFT HOMELESSNESS.

THEY ACTUALLY EXITED HOMELESSNESS INTO STABLE HOUSING OR WITH FAMILY MEMBERS.

WELL, ACTUALLY 908,000, IN EACH OF THOSE YEARS, NEWLY BECAME HOMELESS.

SO, WE'RE CONSTANTLY STRUGGLING AGAINST THE FACT THAT PEOPLE ARE BEING DISPLACED, FALL INTO HOMELESSNESS, AND COMMUNITIES ARE STRUGGLING TO TRY TO CONNECT TO HOUSING.

WHY THAT'S NOT HAPPENING FASTER, WHY ARE NOT MORE PEOPLE BEING HOUSED THEN, OR BECOMING HOMELESS IS PARTLY ABOUT RESOURCE SCARCITY.

THAT'S PROBABLY THE BIGGEST ONE. HUD'S DATA SHOWS THAT, OF ALL THE PEOPLE WHO ARE CURRENTLY EXPERIENCING HOMELESSNESS, YOU KNOW, PRIOR TO THE AMERICAN RESCUE PLAN -- BECAUSE THE LAST YEAR, THINGS HAVE CHANGED QUITE A BIT IN TERMS OF RESOURCES. BUT BEFORE 2021, THERE WAS ONLY ONE AVAILABLE HOUSING INTERVENTION FOR EVERY SEVEN PEOPLE WHO ARE ON HOMELESS WAITING LISTS, ON AVERAGE, IN

[INAUDIBLE] COMMUNITIES.
SO BASICALLY, COMMUNITIES ONLY
HAD AN AVAILABLE PERMANENT
SUPPORTIVE HOUSING OR RAPID
REHOUSING INTERVENTION OR A
VOUCHER OR SOME OTHER
INTERVENTION TO HOUSE ONE OUT OF
SEVEN PEOPLE AT ANY GIVEN TIME,
AGAIN, WHILE NEW PEOPLE ARE
BECOMING HOMELESS EVERYDAY.
SO THAT IS WHY HOMELESSNESS
WILL GO UP.
THE OTHER PART OF IT IS JUST HOW
LONG IT TAKES TO GET PEOPLE
INTO HOUSING.
YOU KNOW, ANYBODY WHO'S WORKED
-- I MEAN, SOCIAL SECURITY
ADMINISTRATION STAFF SHOULD BE
FAMILIAR WITH THIS, RIGHT?
I MEAN, IT'S SORT OF
QUEUE THEORY.
WHEN YOU HAVE MORE PEOPLE LINING
UP FOR HELP AND YOUR BACKLOG OF
TRYING TO HELP PEOPLE JUST
BUILDS UP, IT TAKES EVEN LONGER.
IT'S JUST LIKE THINGS
SLOW DOWN, RIGHT?
THIS IS LIKE CLASSIC DEPARTMENT
OF MOTOR VEHICLES EXPERIENCES
WITH QUEUES AND LINES.
SO, WHEN YOU HAVE FEW RESOURCES
AND YOU'RE STRUGGLING TO FIND
DOCUMENTATION FOR PEOPLE AND ALL
THE BARRIERS THAT COME INTO
PLACE TO TRY TO MOVE ONE PERSON
OUT OF HOMELESSNESS AND INTO
HOUSING, IT JUST BOTTLENECKS A
COMMUNITY'S ABILITY TO HELP EVEN
MORE PEOPLE.
AND I THINK ALL OF THAT KIND OF
COMPOUNDS ITSELF, WHICH IS WHY,
IN SOME COMMUNITIES, YOU SEE
HIGHER RATES OF HOMELESSNESS.
ON TOP OF ALL THAT, YOU KNOW,
SOME PEOPLE WHO ARE EXPERIENCING
HOMELESSNESS TAKE A LOT MORE
TIME TO ENGAGE.
WE TALKED ABOUT TRAUMA.
WE TALKED ABOUT NEGATIVE
EXPERIENCES, AND PARTICULARLY IN
PEOPLE WHO MAY BE IN AN
ENCAMPMENT OR SLEEPING OUTSIDE.
IT'S JUST GOING TO TAKE A LOT
MORE BUILDING OF TRUST AND
RELATIONSHIPS TO BE ABLE
TO MOVE THEM.
SO, THE RECIPE TO SOLVE

HOMELESSNESS IS, FIRST OF ALL,
LET'S TRY TO PREVENT IT
WHENEVER WE CAN.
BUT IF WE CAN'T, LET'S HOUSE
PEOPLE AS QUICKLY AS POSSIBLE.
THAT MEANS WE NEED ENOUGH
HOUSING INTERVENTIONS THAT WE
CAN OFFER ASSISTANCE TO EVERY
SINGLE PERSON WHO'S EXPERIENCING
HOMELESSNESS AND SHORTEN THE
AMOUNT OF TIME IT TAKES TO
CONNECT THEM TO HOUSING, WHICH
IS A COMBINATION OF BUILDING
TRUST WITH PEOPLE BUT ALSO
OVERCOMING ALL OF THE PRACTICAL
BARRIERS THAT IT TAKES, SUCH AS,
AGAIN, GETTING THEIR
DOCUMENTATION, THEIR
VERIFICATION OF MEDICAL ISSUES,
AS WELL AS OVERCOMING BARRIERS
THAT THEY MAY FACE TO BE ABLE TO
FIND HOUSING SUCH AS THEIR
CRIMINAL HISTORY OR EVEN JUST
FINDING LANDLORDS WHO ARE
WILLING TO RENT TO PEOPLE.
AND SO THAT IS ESSENTIALLY WHAT
HAS BEEN HAPPENING OVER THE LAST
COUPLE OF YEARS WHERE, THROUGH
THE AMERICAN RESCUE PLAN,
COMMUNITIES ALL OF A SUDDEN WENT
FROM HAVING SEVERE SCARCITY OF
HOUSING ASSISTANCE FOR PEOPLE
EXPERIENCING HOMELESSNESS TO,
ALL OF A SUDDEN, HAVING
QUITE A BIT.
HUD PROVIDED 70,000 NEW VOUCHERS
THAT ARE SPECIFICALLY INTENDED
TO SERVE PEOPLE EXPERIENCING
HOMELESSNESS, ALONG WITH
\$5 BILLION IN GRANTS.
COMMUNITIES HAVE MORE HOMELESS
ASSISTANCE RESOURCES THAN THEY
DID PREVIOUSLY.
THE CARES ACT AND THE AMERICAN
RESCUE PLAN ALSO ADDED SOME
REGULATORY FLEXIBILITIES THAT
TRIED TO REDUCE THE AMOUNT OF
TIME IT TAKES TO CONNECT PEOPLE
TO HOUSING.
SO, WE'RE HOPING THAT THE LAST
COUPLE OF YEARS WILL HELP US TO
MAKE THAT RATIO, THAT KIND OF
BALANCE BETTER WHERE WE'RE
EXITING MORE PEOPLE FROM
HOMELESSNESS THAN ARE FALLING
INTO HOMELESSNESS.
AND I'LL JUST ALSO MENTION, YOU

KNOW, THE AMERICAN RESCUE PLAN AND CARES ACT CREATED A \$46 BILLION EVICTION PREVENTION PROGRAM THAT WAS HELPING MANY MORE PEOPLE TO AVOID EVICTIONS, NOT TO MENTION AN EVICTION MORATORIUM THAT LASTED FOR SOME PORTION OF TIME.

SO AGAIN, YOU KNOW, IN THE NEAR TERM, THERE HAVE BEEN THINGS THAT HAVE HELPED US TO REDUCE INFLOW TO HOMELESSNESS, INCREASED EXITS FROM HOMELESSNESS, EVEN WHILE WE'RE EXPERIENCING SOME REALLY HISTORIC CHALLENGES IN THE RENTAL MARKET.

SO, I AM AN ETERNAL OPTIMIST. I'M A POLLYANNA.

I THINK ACTUALLY WE'RE HOPEFULLY TURNING THE CORNER.

BUT, AGAIN, ALL IT TAKES IS IF WE NEED MORE RESOURCES.

AND I THINK I'D WANT PEOPLE TO UNDERSTAND, IT'S NOT THAT THE SOLUTIONS WE HAVE DON'T WORK. IT'S THAT THERE HASN'T BEEN ENOUGH FUNDING FOR THOSE SOLUTIONS, SUCH AS PERMANENT SUPPORTIVE HOUSING, RAPID REHOUSING, AND VOUCHER PROGRAMS. WE NOW HAVE, IN THE NEAR TERM, MORE RESOURCES.

HOPEFULLY THAT WILL MAKE A DIFFERENCE.

BUT WE'RE GOING TO NEED MANY MORE AFTER THAT.

>> I WOULD PUT SOME OF THIS IN A QUICK HISTORICAL CONTEXT.

AND THAT IS THE RESOURCE ISSUE UNDER THE -- AND THIS IS NOT A POLITICAL STATEMENT, IT'S A POLICY ONE.

UNDER THE REAGAN ADMINISTRATION, HUD'S FUNDING WAS CUT 75%.

SO, WE HAVE NEVER REALLY CAUGHT UP TO THAT INCREDIBLE REDUCTION AT THE SAME TIME THAT HOUSING COSTS HAVE GONE UP, ESPECIALLY IN URBAN AREAS.

THE OTHER PART OF THIS IS THE POINT IN TIME COUNT IS DONE IN JANUARY, WHICH IS OFTEN WHEN PEOPLE WHO ARE LIVING IN COLD PLACES CAN FIND SOME KIND OF SHELTER AND AREN'T COUNTED.

SO, I THINK THE POINT TIME COUNT

SHOULD BE DONE TWICE A YEAR,
JANUARY AND THEN IN THE SUMMER,
WHEN PEOPLE ARE MORE LIKELY
TO BE OUT.

THE REASON WHY THAT'S IMPORTANT
IS THAT FUNDING IS OFTEN TIED TO
HOW MANY HOMELESS PEOPLE YOU
IDENTIFY.

AND SO, WE NEED TO DO A
BETTER JOB, I THINK, OF
IDENTIFYING FOLKS.

FOR PEOPLE WHO HAVE OTHER
BENEFITS, THERE IS WHAT'S CALLED
THE CLIFF EFFECT.

AND THAT IS, IF YOU'RE GETTING
DSS BENEFITS FOR EXAMPLE AND YOU
GO TO WORK, AND YOU START TO
KIND OF MOVE AHEAD, THE BENEFITS
REDUCE THE MINUTE THAT YOU REACH
A CERTAIN INCOME.

SO, YOU MAY HAVE HAD A CHILD CARE
SUBSIDY AND YOU LOSE IT BECAUSE
NOW YOU'RE MAKING ENOUGH MONEY.
BUT CHILD CARE'S TOO EXPENSIVE
FOR YOU TO PAY FOR.

SO, THERE'S REALLY A
CROSS-BENEFITS POLICY ACROSS
THEM THAT WE HAVE TO LOOK AT.
ARE WE REALLY ENCOURAGING PEOPLE
TO TRY AND MAINTAIN OR ARE WE
BUILDING IN THINGS THAT PUT
THEM AT RISK?

AND I THINK THAT'S ONE OF THE
THINGS THAT PUTS THEM AT RISK.

I THINK PEOPLE ARE ENGAGABLE.
I THINK WE HAVE TO BE ABLE TO
REACH OUT SEVERAL TIMES A WEEK
FOR THEM TO BEGIN TO TRUST US.
AND WE TEND TO NOT HAVE ENOUGH
STAFF TO DO THAT, SO WE SEE
SOMEBODY MAYBE ONCE A WEEK, AND
THAT'S NOT ENOUGH TIME.

AND THEN LASTLY, HEALTH-WISE, I
THINK WE KNOW SOME OF THE PEOPLE
WHO ARE MORE AT RISK FOR MENTAL
ILLNESS, MORE AT RISK FOR THEIR
HEALTH PROBLEMS.

I THINK WE NEED TO DO MORE
SCREENING OF ADVERSE CHILDHOOD
EXPERIENCES IN SCHOOLS.

I MEAN, IF WE'RE REALLY LOOKING
AT PREVENTING FUTURE
HOMELESSNESS, WE NEED TO BE
LOOKING AT YOUNG PEOPLE AS
THEY'RE GROWING UP AND INTERVENE
FOR THEM EARLY SO THEY CAN HAVE
HEALTHIER LIVES.

SO, THAT'S MY THOUGHT.
>> CAN I JUST, LIKE,
RESPOND REAL QUICK?
I AGREE WITH ALMOST EVERYTHING
YOU SAID, YVONNE, ACCEPT THE ONE
POINT I WANT TO CLARIFY ABOUT
THE POINT/TIME COUNT.
PEOPLE SAY THIS A LOT, AND THEY
SAY THE POINT/TIME COUNT
DETERMINES HOW MUCH HOMELESSNESS
ASSISTANCE FUNDING IS AVAILABLE.
THAT'S ACTUALLY -- I MEAN, HOW
MUCH HOMELESS ASSISTANCE FUNDING
IS AVAILABLE IS BASED ON WHAT
CONGRESS APPROPRIATES,
REGARDLESS OF WHETHER THE NUMBER
OF PEOPLE WHO ARE HOMELESS GOES
UP OR DOWN.
SO, IT'S NOT LIKE MANDATORY
PROGRAMS LIKE MEDICAID WHERE, IF
MORE PEOPLE ARE ON MEDICAID THEN
THE MEDICAID BUDGET NEEDS
TO GO UP.
HOMELESS PROGRAMS DON'T
WORK LIKE THAT.
SO, THE POINT/TIME COUNT IS ONE
OF THE DATA POINTS WE DO USE TO
DISTRIBUTE THE MONEY THAT
CONGRESS GIVES US TWO DIFFERENT
COMMUNITIES.
AND SO, TO THE EXTENT THAT WE
CAN IMPROVE EVERY COMMUNITY'S
ABILITY TO TRACK THIS -- BUT
IT'S JUST A DATA POINT.
AND IT'S CERTAINLY NEVER MEANT
TO COUNT THE FULL NUMBER OF
PEOPLE EXPERIENCING
HOMELESSNESS.
I JUST WANTED TO POINT THAT OUT.
I KNOW THAT'S NOT WHAT YOU
MEANT, YVONNE.
BUT I DIDN'T WANT PEOPLE WHO ARE
LISTENING TO THINK THAT WE'RE,
LIKE, SIZING OUR HOMELESS BUDGET
BASED ON THE PIT COUNT.
>> OH, NO.
I KNEW IT WASN'T YOU.
THAT OLD CONGRESS HAS GOT TO
GIVE US SOME FUNDS.
[INAUDIBLE]
>> I WANT TO TURN TO A DIFFERENT
QUESTION FOR CLAIRE.
HOW RECEPTIVE WERE THE CE'S
OFFICE TO A REQUEST FROM FOS TO
SCHEDULE A [INAUDIBLE] FOR THE
CEs THE FOS SCHEDULED?
IF YOU COULD EXPLAIN THOSE

ACRONYMS, THAT WOULD BE HELPFUL.
>> SURE, SO JUST TO MAKE SURE
I'M UNDERSTANDING THE QUESTION,
SO, KIND OF, BASICALLY, HOW
RECEPTIVE WERE THE CONSULTATIVE
EXAMINERS' OFFICES TO A REQUEST
FROM FIELD OFFICES TO SCHEDULE
THE CEs RIGHT AWAY?
IT SOUNDS LIKE?
SO, WHAT WE WERE REALLY DOING
WITH THE CHOICE PROJECT WAS
IDENTIFYING CEs WHO WOULD BE
OKAY WITH THAT, WHO WERE LOCATED
EITHER CONVENIENTLY TO FIELD
OFFICES OR, AGAIN, WHO WE COULD
HELP FACILITATE.
YOU KNOW, WE COULD PAY FOR THE
TAXI OR THE TRANSPORTATION, THE
BUS RIDE OVER TO THE CE THAT
WASN'T IMMEDIATELY LIKE NEXT
DOOR, DOWN THE BLOCK.
AND THEN THOSE CEs WERE KNOWING
THAT THIS WAS A POPULATION THEY
WERE SERVING, THEY KNEW THEY
WERE PART OF THIS PROGRAM.
AND THEY WERE SAYING THAT THEY
WERE GOING TO BE AVAILABLE
TO ACCEPT.
SO, I THINK THERE IS MORE TO BE
DONE TO BUILD A NETWORK OF CEs
WHO ARE RECEPTIVE TO THIS IDEA
AND WHO UNDERSTAND WHAT THE WORK
IS AND WHO THEY'RE SERVING.
BUT I THINK IT CERTAINLY
CAN BE DONE.
AND I THINK, YOU KNOW -- AGAIN,
IT'S NOT THE ANSWER TO
ALL PROBLEMS.
AND IT'S NOT GOING TO SOLVE
EVERY ISSUE.
BUT I DO THINK IT WILL HELP WITH
SOME OF THE QUESTIONS THAT HAVE
COME UP AROUND LIKE, WELL WHAT
HAPPENS WHEN WE LOSE PEOPLE OR
WE CAN'T CONTACT THEM AGAIN OR
WHEN THE PHONE NUMBER ISN'T THE
RIGHT PHONE NUMBER ANYMORE.
SO, I DO THINK IT WAS OVERCOMING
SOME OF THOSE ISSUES TO MAKE
SURE THAT WE COULD AT LEAST
BUILD A CASE FOR SOMEBODY AND
HOPEFULLY HELP ADVANCE THEIR
ABILITY TO GET ACCESS TO
DISABILITY BENEFITS.
>> SO, FOR THOSE ON THE CALL WHO
DON'T KNOW WHAT A CE IS -- SINCE
WE'RE TALKING SOCIAL SECURITY

LINGO, I'LL JUST QUICKLY SAY THAT WHEN SOCIAL SECURITY DOESN'T GET ENOUGH MEDICAL INFORMATION TO MAKE A DECISION, THEY SCHEDULE AN EVALUATION WITH ANOTHER MEDICAL PROVIDER. THAT'S CALLED A CONSULTATIVE EXAMINE, OR A CE.

>> OKAY.

AND THEN I THINK I'M GOING TO TURN TO ONE LAST QUESTION, WHICH IS RELEVANT, WHICH IS: HOW CAN HUD WORK WITH SSA TO ENSURE THAT PEOPLE EXPERIENCING HOMELESSNESS ARE ABLE TO ACCESS BENEFITS? OBVIOUSLY, WE'RE INTERESTED IN RICHARD'S COMMENTS ON THIS QUESTION.

BUT I'M SURE OTHERS MAY HAVE SOME ADVICE FOR THE AGENCIES.

>> YEAH, THANKS, JOY.

I THINK IT WAS MENTIONED EARLIER, BUT HUD HAS A LONG STANDING AGREEMENT WITH SSA TO ALLOW INFORMATION SHARING SO THAT ANY PUBLIC HOUSING AGENCIES CAN ACTUALLY WORK WITH SSA TO OBTAIN INFORMATION DIRECTLY ON, YOU KNOW, THEIR -- WHETHER PEOPLE HAVE -- WHAT THEIR SOCIAL SECURITY NUMBERS ARE AS WELL AS ANY EXISTING BENEFITS ELIGIBILITY.

THAT IS SOMETHING THAT I'M NOT SURE EVERY PUBLIC HOUSING AGENCY TAKES ADVANTAGE OF.

BUT HUD HAS A DATA MATCHING AGREEMENT WITH SSA THAT ENABLES US TO ACTUALLY FACILITATE THAT. SO, IF YOUR LOCAL PUBLIC HOUSING AGENCY PARTNERS ARE NOT ALREADY LOOKING AT HOW TO TAKE ADVANTAGE OF THAT, PLEASE DO LET US KNOW. BUT THAT IS SOMETHING THAT WE HAVE THE ABILITY TO DO.

NOW I'LL SAY NOT ALL THE HOUSING ASSISTANCE THAT PEOPLE EXPERIENCING HOMELESSNESS HAVE ARE NOT ALWAYS ADMINISTERED BY PUBLIC HOUSING AUTHORITIES. PHAs ADMINISTER VOUCHER PROGRAMS AND PUBLIC HOUSING SUCH AS, YOU KNOW, REGULAR HOUSING CHOICE VOUCHERS, THE HUD VOUCHERS FOR VETERANS EXPERIENCING HOMELESSNESS, THESE NEW EMERGENCY HOUSING VOUCHERS THAT

I MENTIONED, MAINSTREAM VOUCHERS FOR PEOPLE WITH DISABILITIES. WE HAVE MANY VOUCHER PROGRAMS, SOMETIMES WE THINK TOO MANY, BUT DIFFERENT ONES.

BUT THE OTHER THING TO UNDERSTAND IS THAT THERE'S ALSO OTHER HOUSING ASSISTANCE PROGRAMS THAT PEOPLE EXPERIENCING HOMELESSNESS CAN ALSO OBTAIN THAT ARE OFTEN DIRECTLY ADMINISTERED BY NON-PROFITS WHO ARE WORKING AS PART OF CONTINUATIVE CARE OR, IN SOME CASES, CONTINUATIVE CARE HAVE CENTRALIZED THE RENTAL ASSISTANCE TO AGENCIES.

THERE ARE ALSO SOME COCs THAT HAVE INCREASINGLY PROVIDED -- ENTERED INTO PARTNERSHIPS WITH THEIR PUBLIC HOUSING AGENCIES TO ADMINISTER RENTAL ASSISTANCE ON THEIR BEHALF.

SO, MY LONG-WINDED WAY TO SAY, FIND OUT IF YOUR PHA IS ALREADY TAKING ADVANTAGE OF THE SSA/HUD INFORMATION SHARING PARTNERSHIP. AND ALSO RECOGNIZE THAT NOT -- THAT MIGHT NOT AVAIL THEMSELVES OF ACCESS TO EVERY HOUSING INTERVENTION.

THE OTHER IS TO ENGAGE YOUR COLLABORATIVE APPLICANT FOR YOUR CONTINUATIVE CARE FOR THE OTHER HOUSING PROGRAMS.

>> WELL, WE'RE JUST ABOUT AT THE END OF TIME.

SO, I DO WANT TO THANK OUR FABULOUS PANELISTS, YVONNE, RICHARD, MICHELE, CLAIRE, AND KATIE FOR ALL OF YOUR VALUABLE TIME AND FEEDBACK.

I TRUST EVERYONE JOINING US TODAY FOUND IT BOTH BENEFICIAL AND INFORMATIVE.

AND I WANT TO THANK THE SOCIAL SECURITY ADMINISTRATION FOR THE INVITATION AND FOR ALLOWING ME TO PARTICIPATE AND CONTRIBUTE TO THE CONVERSATION.

NOW I'M GOING TO TURN THE FLOOR OVER TO STEVE ROLLINS, ACTING ASSOCIATE COMMISSIONER FOR THE OFFICE OF DISABILITY POLICY, FOR CLOSING REMARKS.

THANKS AGAIN, EVERYONE.

STEVE?

>> OKAY.
THANK YOU, JOY, FOR DOING SUCH A
WONDERFUL JOB MODERATING TODAY.
AND THANK YOU TO ALL OUR
PANELISTS FOR TAKING TIME FROM
YOUR VERY BUSY SCHEDULES TO
SHARE YOUR INSIGHTS WITH US.
THIS WAS REALLY AN EXCELLENT,
INFORMATIVE CONTINUATION OF THE
DISCUSSION THAT WE HAD IN
SEPTEMBER.
AND AGAIN, THANK YOU TO JOY AND
THE PANELISTS.
AND ALSO THANKS TO OUR
PARTICIPANTS FOR BEING PART OF
OUR 22ND NATIONAL DISABILITY
FORUM TODAY.
SO, LOOK, WE HEARD SOME VERY
VALUABLE AND INSIGHTFUL
POINTS TODAY.
WE HEARD ABOUT THE FACTORS THAT
CONTRIBUTE TO HOMELESSNESS AND
HOUSING INSECURITY.
WE HEARD ABOUT THE CHALLENGES
THAT ARE FACED BY THOSE WHO ARE
IN THAT SITUATION.
AND WE HEARD ABOUT THE IMPACT OF
BEING WITHOUT HOUSING
SECURITY, YOU KNOW.
AND I THINK, IMPORTANTLY, WE
HEARD SOME GOOD IDEAS THAT
SOCIAL SECURITY CAN CONSIDER TO
HELP ENSURE THE HOMELESS AND
HOUSING INSECURE CAN BETTER
ACCESS SOCIAL SECURITY BENEFITS
AND SERVICES, WHICH IS REALLY
THE TRUE BENEFIT OF HAVING
THESE NDFs.
SO AGAIN, THANK YOU ALL FOR
PARTICIPATING.
NOW, BEFORE WE CLOSE TODAY'S
FORUM, I DO HAVE A FEW BRIEF
ANNOUNCEMENTS.
YOU'LL GET AN EMAIL WITH A LINK
TO AN EVALUATION FOR THIS FORUM.
WE CERTAINLY APPRECIATE IF YOU
COULD TAKE SOME TIME TO COMPLETE
THAT EVALUATION.
IN THE EMAIL, WE'LL ALSO INCLUDE
A LINK TO THE ENGAGE SSA
CAMPAIGN, WHICH IS OUR
ONLINE FORUM.
THIS IS AN OPPORTUNITY FOR YOU
TO CHIME IN WITH ANY ADDITIONAL
THOUGHTS ABOUT TODAY'S FORUM AS
WELL AS TO SUGGEST IDEAS FOR

FUTURE FORUMS.
IF YOU HAVE ANY QUESTIONS
FOLLOWING TODAY'S MEETING,
PLEASE REACH US AT NATIONAL
DISABILITYFORUM@SSA.GOV.
THANK YOU AGAIN FOR JOINING US.
AND ON BEHALF OF THE SOCIAL
SECURITY ADMINISTRATION AND
ACTING COMMISSIONER KIJAKAZI,
PLEASE STAY SAFE AND ENJOY THE
REST OF YOUR AFTERNOON
OR EVENING.
THANKS; GOODBYE.
>> THIS CONCLUDES THE SOCIAL
SECURITY ADMINISTRATION'S
NATIONAL DISABILITY FORUM ON
HOMELESSNESS, WORKING WITH
STAKEHOLDERS TO IMPROVE ACCESS
TO SSA BENEFITS AND SERVICES.
THANK YOU FOR JOINING US TODAY.
STAY SAFE.
AND HAVE A WONDERFUL DAY.