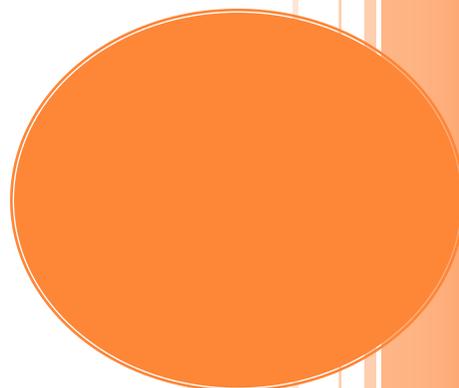


*STRATEGY BRIEFS:
SUPPLEMENTAL
SECURITY INCOME
(SSI) AND VETERAN'S
BENEFITS*

November 5, 2015



3. POTENTIAL SSI/VETERAN'S BENEFITS STRATEGIES

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Potential Strategy 3.1
Establish a Countywide SSI Advocacy Program for people experiencing homelessness or at risk of homelessness

1. Description of the proposed strategy

Establish a countywide Supplemental Security Income (SSI) Advocacy Program to provide assistance to eligible homeless individuals and those at risk of homelessness in applying for and obtaining SSI, Social Security Disability Insurance (SSDI), and Cash Assistance Program for Immigrants (CAPI).

This type of program has been proven successful as a pilot project and should be implemented with ongoing funding and coordinated in conjunction with the existing homeless entry points and systems of care, i.e., Housing for Health, the Coordinated Entry System (CES), Homeless Families Solutions System (HFSS)¹, the Single Adult Model (SAM)², and adults identified as potentially eligible by the Los Angeles County Department of Public Social Services (DPSS). The Program should be implemented through one or more contracts with local agencies charged with delivering the services to allow for maximum flexibility. The contract(s) should be managed by Los Angeles County Department of Health Services because of its successful management of the Benefits Entitlement Services Team (B.E.S.T.), the achievement of high outcomes and experience with large-scale contracting with homeless services agencies across the county.

There are various necessary components of a successful Advocacy Program. They include:

A. Benefits Specialist Resource Team(s) for each Service Planning Area (SPA) who will be responsible for:

- Conducting and/or leveraging outreach and engagement activities to identify eligible homeless individuals;
- Providing assessment and screening to ensure candidates meet both non-medical and medical requirements for SSI/SSDI or CAPI;
- Coordinating subsidized housing for those individuals enrolling in the program with existing homeless entry points, housing programs and housing subsidies;
- Coordinating record retrieval services based on client's medical/treatment history;

¹ Homeless Family Solutions System (HFSS): Regionally based Family Solutions Centers (FSCs) are the system's primary point of entry for homeless families whose immediate housing needs are not met by DPSS. Through HFSS, a family receives an initial assessment to determine the most appropriate housing intervention and wrap around services for the family.

² Single Adult Model (SAM): Innovative multi-departmental collaborative focused on providing permanent supportive housing and wrap-around services to heaviest users of County services. Partnering departments include CEO, DHS, DMH, DPSS and DPH..

- Coordinating and leveraging Department of Mental Health, Department of Health Services and managed care systems to provide health care, mental health care and documentation of disability for clients completing a SSI/SSDI claim;
- Developing and filing high quality benefits applications;
- Coordinating and advocating with the Social Security Administration (SSA), Disability Determination Services (DDS) and Department of Public Social Services (CASI) regarding status of pending benefit applications;
- Coordinating legal consultation for clients who have complex SSI/SSDI applications and/or require legal assistance at an appeals hearing;
- Coordinating Interim Assistance Reimbursement (IAR) with relevant County Departments; and
- Coordinating benefits advocacy with the Veteran's Benefits Advocacy Team for eligible veterans.
- Design and implement a referral system into the newly developed benefits program;
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B. Ongoing training & technical assistance for Homeless Services Agencies, Federally Qualified Health Centers, and County and other public agencies.

Training and technical assistance could be from the Benefits Specialist Team or through a subcontract to maximize the reach to community organizations and clinicians. Training and technical assistance builds the capacity of the system to access SSI/SSDI and CASI benefits at a faster and greater rate countywide and facilitates the movement of Los Angeles County's homeless disabled population onto federal/State benefits and off county general funds. In the B.E.S.T program, trained clinicians were dedicated to providing quality documentation that included more than the actual diagnosis, but rather a focus on the "functioning" level of the applicant. This technique resulted in a 97% approval rate for approximately 900 initial applications. Training and technical assistance should incorporate the following:

- Leverage training resources provided by the National SOAR Team;
- Provide training regarding specific requirements for SSI/SSDI and CASI applications in the State of California;
- Incorporate the lessons learned from the B.E.S.T. project and other best practices;
- Develop and train homeless service providers and public agencies on the process for assessment and screening to ensure candidates meet both non-medical and medical requirements for SSI/SSDI or CASI;
- Provide ongoing training and support to physicians and clinicians on identifying potential applicants and completing SSI/SSDI or CASI documentation;

- Develop a plan for internal quality assurance reviews to ensure the submission of high quality SSI/SSDI applications;
- Provide coordination with the SOAR program;
- Work with community stakeholders to develop a system of data collection for SSI/SSDI applications in Los Angeles County;
- Aggregate and analyze data regarding benefit applications for Los Angeles County;
- Track and report Los Angeles County SSI/SSDI outcomes to the national SOAR program; and
- Pursue continuous improvement of training and coordination to assure high quality benefits support for homeless residents.

2. Target Population

The target population is homeless individuals and those at risk of homelessness in need of applying for and obtaining SSI, SSDI, or CAPI benefits.

3. Opportunities that make this proposed strategy feasible (Is this currently done elsewhere? Is there legislation that makes this possible?)

- The availability of Medi-Cal through the Affordable Care Act provides the ability to fund specialized medical staff and treatment for the targeted population.
- The local expertise and pilot experience available in the County through existing staff previously associated with the Benefits and Entitlements Services Team (B.E.S.T.).

4. Barriers to implementing the proposed strategy and recommendation on how they can be resolved

- Potential labor relations issues with modifying existing county SSI Advocacy Programs
- Logistics of providing services Countywide

5. Potential performance measures

- The number of individuals served during outreach
- The number/percentage of individuals who were contacted during outreach
- The number/percentage of individuals who were enrolled into the program
- The number/percentage of individuals who initiate SSI/SSDI/CAPI applications
- The number/percentage of applications that are completed and submitted to SSA or DPSS
- The number/percentage of first time applications approved.

6. Potential funding stream(s)

- Interim Assistance Reimbursement could be collected on behalf of homeless individuals and families who receive assistance in meeting their basic needs for everyday living during the months their SSI/SSP application is pending or during the months SSI is suspended. Basic needs are defined as: food; clothing; shelter; personal hygiene items; grooming items; transportation to obtain basic needs; and emergency medical needs not reimbursable under another Federal Program.
- County General Funds and any associated revenue redirected from County departments who are currently funding their own SSI advocacy programs.
- Possible local revenue increases, either by the County and/or cities.
- Medi-Cal dollars for medical and mental health portions of services to fund those services directly and/or free up funds currently being spent by County Departments.

Potential Strategy 3.2

Provide subsidized housing to homeless disabled individuals pursuing SSI and recover the cost of housing subsidies through Interim Assistance Reimbursement for those individuals approved for SSI.

1. Description of the proposed strategy

Building on the success of DPSS' General Relief Housing Subsidy Case Management Program (HSCMP) and "Housing First" models, individuals assisted through the proposed Countywide SSI Advocacy Program could be provided housing as a first step. Housing can be provided in three ways: through the current variety of programs for the homeless, by expanding the GR Housing Subsidy Program, and/or by expanding the populations served in current homeless housing programs.

Stable Housing Promotes Success in SSI Advocacy - The General Relief HSCMP provides a \$400/month subsidy for homeless participants. Additionally, the participant contributes \$100/month from his/her GR grant for rent. An earlier study of the HSCMP pilot showed substantial savings and dramatically improved outcomes for those individuals who received the modest housing subsidy.¹ A County research study estimated savings of \$8,392 per person in the first year, even after offsetting the costs of the program.² As such, it seems reasonable to assume that any Countywide Benefits Advocacy Program could realize similar savings.

The study demonstrated that even a modest housing subsidy dramatically improved SSI application outcomes. First, individuals were much more likely to apply for SSI than their unhoused counterparts. Housing stability was key as each address change reduced the chances of a person even applying for SSI by 17%. This makes sense as a housed person has a greater ability to follow through on appointments, gather documents, and otherwise actively participate in applying for aid. Those individuals provided with the subsidy were also 2.5 times more likely to be approved for SSI than the control group.

In addition, the HSCMP reduced the extent of homelessness; after participation less than 1 in 5 was homeless. The longer a person received the subsidy, the less likely they were to become homeless after exiting GR and losing their housing subsidy. It is also worth noting that the HSCMP showed success with "employable" GR recipients who found employment at twice the rate of their unhoused counterparts.

Providing the subsidy is also simply more humane. As noted in the study: "...the coupling of GR with the rental subsidy program dramatically enhances the positive and lasting effects of GR. In the absence of a program, a larger proportion of homeless

GR participants would have remained homeless for significantly longer periods of time.”³

Many “housing first” models have shown great success in reducing the number of people who are persistently homeless. Under “housing first,” programs place a person in permanent housing and then after they are stable, they try to address the causes of their homelessness, such as drug or alcohol use or disability. For example, in Utah, the State reduced the number of “chronically homeless” by 91% (from 1,932 to 178) by placing them in permanent housing.⁴ Savings were estimated at \$12,000 per person per year.⁵

Steps in implementing a housing subsidy program for this population:

- A. Target current housing resources: First, some group of individuals in the proposed Countywide SSI Advocacy Program could be moved into permanent housing using existing housing subsidy resources. When combined with the case management and advocacy assistance outlined in the proposed Countywide SSI Advocacy Program strategy brief, research-based evidence indicates that there will be very positive outcomes including a successful transition to SSI and a significant reduction in the persistent homeless population. Many programs, such as B.E.S.T., have had SSI success rates approaching 90 to 95%.
- B. Expand the number of GR Housing subsidies in the HSCMP: While precise figures are not available, it seems reasonable to assume that many of the individuals who will be helped by the proposed Countywide SSI Advocacy Program will be on GR. Thus, one possible step is to expand the HSCMP so that more homeless GR participants enrolled in the advocacy program receive a GR subsidy. The GR housing subsidy ends when the person exits GR, so case managers in the proposed Countywide SSI Advocacy Program would attempt to transition these individuals into permanent housing upon SSI approval, to the extent that their housing supported by the HSCMP was not viable as permanent housing. Individuals approved for SSI might be able to pay for 100% of their own permanent housing costs or might need a residual rent subsidy.
- C. Expand the populations served through existing homeless housing programs such as the Single Adult Model (SAM), Housing for Health, and the Breaking Barriers programs. If the populations are expanded then the County could house individuals identified through the proposed Countywide SSI Advocacy Program. This would only be necessary to the extent the current targeted programs and GR subsidies are not available or sufficient to meet the need.

- D. Reinvest Interim Assistance Reimbursement collected for Housing Subsidies provided.

2. Target Population

Housing subsidies could be provided to some or all of the individuals who are served by the proposed Countywide SSI Advocacy Program. These individuals will likely have severe chronic health and mental health conditions, such that they may be among the most vulnerable and persistently homeless. Housing individuals identified in the proposed Countywide SSI Advocacy Program before providing case management and other services will help reduce the number of persistent homeless and increase the likelihood of a successful SSI application, as shown by the success of the HSCMP.

The cost of providing housing subsidies is unknown at this time, but could vary dramatically based on the number of people housed, program design and the amount of the subsidy.

3. Opportunities that make this proposed strategy feasible (Is this currently done elsewhere? Is there legislation that makes this possible?)

- The experience and success of current and prior housing first programs can be leveraged to effectively design a specialized housing subsidy program for this target population. The dramatic success of the HSCMP, the BEST program, and other “housing first” programs show that programs can reduce the number of persistent homeless, create housing stability, and increase the incomes of participants approved for SSI.
- The ability to recapture GR housing subsidies (and possibly other county funded housing) through Social Security’s Interim Assistance Reimbursement (“IAR”) Program will help offset the cost of this strategy. If the SSI application is successful, the entire amount can be offset by IAR, as long as the housing subsidy plus the GR grant (where applicable) does not exceed the monthly SSI benefit.

4. Barriers to implementing the proposed strategy and recommendation on how they can be resolved

- Money is the number one barrier. The ability to recapture funds via the IAR program from the person’s retroactive SSI award will help offset the costs. Many subsidies will be recouped and can be reinvested into future subsidies in year two and beyond.

- Access to Affordable Housing – The improved economy may limit the ability of individuals on GR to obtain housing at the modest amount provided by the HSCMP of \$500.00 per month (\$400 subsidy + \$100 paid by participant),

5. Potential performance measures

- Number of individuals who maintain housing during the SSI application period
- Number of individuals who remain connected to services during the SSI application period
- Percentage or number of individuals still housed after exiting GR and the SSI Advocacy program
- Number of SSI applications filed
- Number of successful SSI applications at each stage (initial, reconsideration, appeal)

6. Potential funding streams

- County general funds
- Reimbursements from SSA's IAR
- Federal and State funding for homeless programs including Medi-Cal and mental health funding

¹At the time of the study the subsidy was \$300, with a \$136 contribution by the GR participant.

²The information regarding the GR Housing subsidy program is from a study published by the LA County Chief Executive Office Service Integration Branch available on line at: <http://www.cwda.org/downloads/tools/ga/GR%20Outcomes-Report-%20090409.pdf>. The General Relief Housing and Case Management Pilot Project: An Evaluation of Participant Outcomes and Cost Savings (2009) Moreno, Toros, Stevens et. al. at pp. 21-22, note 19 p. 21, 23, 36, .

³Id at p.24.

⁴ Los Angeles Times Article: "Utah is winning the war on chronic homelessness with 'Housing First' program" available at: <http://www.latimes.com/nation/la-na-utah-housing-first-20150524-story.html>

⁵Id.

Potential Strategy 3.3

Request Federal/State support at the local level by advocating with the Social Security Administration and Veteran's Administration and/or other relevant agencies for targeted support around applicable administrative processes

1. Description of the proposed strategy

Significant barriers to increasing the number of disabled, homeless people receiving SSI are created via current Social Security Administration (SSA) policies which require: 1) applications to be processed in the office serving the area in which the person lives, and 2) transfer of applications to "Extended Service Teams" (EST's) around the country to balance workloads in the Disability Determination Service (DDS) Branches.

These policies result in SSI applications for people (including homeless) in Los Angeles County being processed in upwards of 25 SSA offices and sent to as many as 7 DDS Branches for medical determinations. Experience in processing applications for homeless people varies widely among the offices. Without specialized processing, there are varying degrees of understanding about the limitations on a homeless applicant's ability to participate in the processing of the application, and an uneven degree of willingness and ability of the local offices and DDS Branches to provide needed accommodations, particularly in view of large workloads, reduced staffing, and processing goals. This problem is significantly increased by the transfer of applications to DDS Branches in other States, which have no knowledge about county advocacy resources that could be available to assist them in the processing of the applicant's SSI application.

Advocacy with the SSA was a key factor in the success of two large and successful SSI projects in Los Angeles County – the B.E.S.T. program and the Department of Mental Health's SSI Application Project. In both programs, homeless applications were: 1) flagged; 2) filed in one SSA office and 3) sent to a specialized unit in one DDS Branch and exempted from transfer to the EST's. This provided efficiencies to those served as well as to the project, DDS, and the local SSA office.

Additionally, Advocates working on behalf of applicants were able to provide assistance to the analysts in obtaining medical records, and the SSA office in obtaining other documentation, resulting in reduced processing time. Cases were also better developed, which led to increased approvals, and a reduction in Hearing level cases.

Best practices for helping chronically homeless Veteran's access VA benefits focus on empowering Veteran's to escape the streets and maximize resources provided by the VA, such as supported housing. Within the VA, there should be a center of

coordinated comprehensive services to help engage homeless veterans and connect them seamlessly with housing, healthcare, psychiatric care and benefits.

At the West L.A. VA campus, a possible approach would be to revitalize Building 402 or shape the new Visitor Center, Building 257- (whichever would serve best) as a central comprehensive triage and rapid response center where homeless veterans can transition into supportive housing immediately; where documents can be requested, accessed and managed efficiently, and where care can be coordinated comprehensively and tracked on an enduring basis. Additionally, it would be very helpful if the VA could provide access to VA staff at multiple locations across the County.

To achieve this coordinated service delivery system, advocacy with the VA is needed to:

- Invite community partners to co-locate at this central one-stop triage center to bolster the VA's capacity to help homeless veterans escape the streets. In this regard, a proposal is pending to have SSA set up a kiosk at the West L.A. VA, potentially at building 257.
- Revive the highly successful one-stop mobile team that operated successfully for years out of the Sepulveda campus of the VA to connect homeless veterans with supportive housing, healthcare and benefits
- Chronicle the services provided to each veteran with a history of homelessness, who seeks care and make sure that his/her experiences and outcomes are tracked to identify vulnerable points in the service model, which may need modification; universities could be enlisted to engage in clinical and research programs to help support this effort which could also reduce the associated costs.
- Ensure that veterans who accept benefits assistance and/or supportive housing receive the help they need to address quality of life issues, including ways to keep veterans active and prevent idleness. This could include engaging faith communities to help expand the array of activities available to veterans.
- Provide assistance in helping the veteran resolve legal issues such as warrants and outstanding tickets by establishing a Homeless Court for Veterans at the VA.
- Work with the transition units of Prison and local jails to ensure than any veteran who self-identifies as homeless is screened for eligibility for HUD VASH or Discharge Upgrades before discharge to the community. If they are not offered housing options, arrangements could be made to have them discharged to the VA's triage teams either at Building 402 or the Sepulveda VA
- Collaborate with social service and advocacy agencies in the sharing of information on Veterans to better identify them for targeted services.

2. Target Population

Advocacy to develop specialized processes for homeless or those at risk of homelessness is needed for the following agencies:

- Social Security Administration
- California Department of Social Services Disability Determination Services
- Veteran's Administration
- California State Department of Corrections

3. Opportunities that make this proposed strategy feasible (Is this currently done elsewhere? Is there legislation that makes this possible?)

- SSA and the VA are two of 19 federal government agencies that are members of the US Interagency Council on Homelessness with the goal to end chronic homelessness by 2017. The group put together, *Opening Doors*, the nation's first comprehensive Federal strategy to prevent and end homelessness. A major component of the plan is to increase civic engagement by seeking "opportunities to reward, recognize, and support communities that are collaborating to make significant progress preventing and ending homelessness."
- Significant political will within Local Government to advocate with Federal/State Agency Executives.

4. Barriers to implementing the proposed strategy and recommendation on how they can be resolved

Resources needed to implement targeted processes may not be available at Federal/State levels.

5. Potential Performance Measures

- Processing time for SSI and Veteran's Benefits
- Approval rate for SSI and Veteran's Benefits

6. Potential funding stream(s)

Potential funding stream(s) are not needed at this time as there is no net cost to the County to implement this strategy.

Potential Strategy 3.4
Expand Interim Assistance Reimbursement (IAR)
to additional public agencies (County Departments and Cities)

1. Description of the proposed strategy

Expand the collection of interim assistance reimbursement (IAR) to additional county departments and cities. IAR could be collected on behalf of homeless individuals and families who receive assistance in meeting their basic needs during the months their SSI/SSP application is pending or during the months SSI is suspended.

Agencies that provide basic needs for eligible participants using non-Federal dollars are eligible to collect IAR, if the individual is subsequently approved for SSI/SSP. Basic needs include shelter, interim housing, recuperative care, and rental subsidies. Addition of County Departments collecting IAR will support the provision of ongoing services as IAR could be reinvested.

2. Target Population

Interim Assistance Reimbursement could be collected for individuals eligible to SSI who received assistance to meet their basic needs while the SSI application is pending. The current monthly SSI grant is \$889. For individuals who receive GR while their SSI application is pending, the County already recovers IAR for the \$221 monthly GR grant. Therefore, for individuals receiving GR, the monthly maximum additional IAR is \$661, while it is \$889 for individuals not receiving GR.

3. Opportunities that make this proposed strategy feasible (Is this currently done elsewhere? Is there legislation that makes this possible?)

Los Angeles County already has an MOU in place with the California Department of Social Services (CDSS). This strategy is feasible because the agreement signed by the County of Los Angeles and CDSS “may be modified in writing at any time by mutual consent and will not require any further action.”

The current Board letter and agreement allows for the addition of other County departments; therefore, it appears that regulatory barriers do not exist.

4. Barriers to implementing the proposed strategy and recommendation on how they can be resolved

Staff resources needed to modify agreement with CDSS and prepare Board Correspondence seeking approval to expand IAR collection to other departments.

5. Potential performance measures

Performance measures could include tracking the amount of funding recouped through the IAR Program each year.

6. Potential funding stream(s)

Potential funding stream(s) are not needed at this time as there is no net cost to the County to implement this plan.

Potential Strategy 3.5

Establish a Countywide Veterans Benefits Advocacy Program for Veterans experiencing homelessness or at risk of homelessness

1. Description of the proposed strategy

Provide assistance to eligible homeless¹ Veterans in applying for and obtaining income benefits from the Department of Veterans Affairs. The program will (1) provide wraparound case management, health, and mental health supports to house enrolled Veterans, and (2) acquire VA Service-Connected Compensation or VA Non-Service-Connected Pension benefits.

A Countywide VA Benefits Advocacy Program would be an exciting and unprecedented effort in Los Angeles County. The action items below are adapted, in large part, from the Benefits and Entitlements Service Team (B.E.S.T.) program model, as well as the Supportive Services for Veterans Families program and VA Homeless Patient Aligned Care Team program discussed in Section 2.

There are various necessary components of a successful Advocacy Program. They include:

A. VA Benefits Specialist Resource Teams for each Service Planning Area (SPA), including VA accredited agents and/or VA accredited attorneys, that will be responsible for the following:

- Conduct and/or leverage outreach and engagement activities to identify eligible homeless Veterans;
- Develop communication plans and increase staffing in key resource areas;
- Leverage resources;²
- Provide assessment and screening to determine whether Veterans meet requirements for VA Service-Connected and Non-Service-Connected benefits;
- Coordinate with existing homeless entry points and housing programs to provide subsidized housing for those individuals enrolling in the program;
- Coordinate record retrieval services based on the Veteran's medical treatment, military service, and VA claims history;
- Coordinate and leverage Veterans Health Administration, Los Angeles County Department of Military and Veterans Affairs "Navigator" program, Department

¹A 2014 Los Angeles County study found that "many veterans have unstable living arrangements, yet do not meet the federal definition of homelessness, and are therefore ineligible for federal housing benefits." See Castro, C.A., Kintzle, S., & Hassan, A. (2014), *The state of the American Veteran: The Los Angeles County Veterans study*. This recommendation expands the definition of homelessness to include those who meet the Department of Housing and Urban Development definition of homeless, as well as those who lack permanent housing and/or are at imminent risk of homelessness and do not meet the federal standard.

² While this proposed strategy brief specifically addresses the recommendation to establish a countywide VA disability benefits advocacy program, a singular countywide disability benefits program will not eradicate Veteran homelessness. Instead, a holistic and flexible approach is needed, which requires the VA Benefits Specialist Resource Teams to leverage and supplement public, social, and legal service resources to address barriers to Veteran self-sufficiency.

of Mental Health, Department of Health Services, and managed care systems to provide health care, mental health care, and documentation of disability and, when applicable, its relationship to military service for Veterans completing a VA Service-Connected and/or Non-Service-Connected claim(s);

- Develop and file high-quality benefits applications, including new and original, reopened, and increased rating claims;
- Coordinate and advocate with the Veterans Benefits Administration regarding status of pending benefits applications and appeals, as well as scheduling of Compensation and Pension examinations; and
- Coordinate legal assistance to assist Veterans who have complex Service-Connected/Non-Service-Connected claims, including claims that require a character of discharge determination, claims that have been denied and are eligible to enter the appellate phase, and “clear and unmistakable error” claims.

B. Ongoing Training and technical assistance for Veterans and homeless service agencies, Federally Qualified Health Centers, and County and other public agencies.

Training and technical assistance will be conducted by a VA Accredited Agent and/or Attorney, and could be from the VA Benefits Specialist Team or through a subcontract to reach government and community organizations and clinicians that serve Veterans. Training and technical assistance should incorporate the following:

- Leverage training resources provided by the Supportive Services for Veterans Families program;
- Develop the trainings and technical assistance modules described herein;
- Train homeless service providers and public agencies on the identification of eligible Veterans, with a special focus on the Program’s expanded definition of homelessness and Veteran military discharge status;
- Train homeless service providers and public agencies on the process for assessment and screening to ensure Veterans meet the requirements for VA Service-Connected Compensation and Non-Service-Connected Pension;
- Design and implement a referral system into the newly developed benefits program;
- Provide ongoing training and support to physicians and clinicians on identifying potential applicants and completing Service-Connected and Non-Service-Connected documentation;
- Provide quality assurance to ensure the submission of high quality Service-Connected/Non-Service-Connected applications;
- Access and monitor submitted Veterans claims in VA database systems;
- Track and report programmatic outcomes; and

- Pursue continuous improvement of training and coordination to assure high quality benefits support for homeless Veterans.

2. Target Population

The target population is homeless veterans and those veterans at risk of homelessness in need of applying for and obtaining VA benefits or related services. Estimated cost per person is unknown.

3. Opportunities that make this proposed strategy feasible (Is this currently done elsewhere? Is there legislation that makes this possible?)

In recent years, County Supervisors and the Mayor of Los Angeles pledged, alongside a substantial swell of public and private supporters coordinated by the Home for Good Initiative, to end Veteran homelessness by the end of 2015. In pursuit of this goal, the County and Los Angeles City acquired significant additional funding to house and case manage homeless Veterans. This unparalleled federal, state, and local support provide an ideal opportunity to establish a countywide VA Benefits Advocacy program.

While a countywide VA Benefits Advocacy program would be a new development,³ the proposed recommendation is an amalgamation of three successful homeless Veteran partnerships: (1) VA Supportive Services for Veteran Families (SSVF) Case Management-Legal partnerships,⁴ (2) VA Homeless Patient Aligned Care Team Medical-Legal partnerships,⁵ and (3) the Social Security Benefits advocacy program “Benefits and Entitlements Services Team (B.E.S.T.).”⁶

4. Barriers to implementing the proposed strategy and recommendation on how they can be resolved:

- Current Veterans Health Administration practice (not policy) that restricts clinicians from completing documentation in support of VA benefits claims; and
- Widespread misinformation in Veteran and civilian communities about Veteran status and eligibility.

³ In October 2015, members of this recommendation’s writing team contacted national partners to learn whether a similar approach has been conducted throughout the country. To date, we have not learned of any program.

⁴ The VA Supportive Services for Veteran Families (SSVF) program combines case management and temporary financial assistance to promote Veteran housing stability. Several SSVF programs in Los Angeles County sub-contract with legal services programs to address participants’ legal needs, including applying for and obtaining Veterans Disability benefits, e.g., United States Veterans Initiative, Mental Health America, and Legal Aid Foundation of Los Angeles successfully partner to provide holistic social and legal service supports to transition homeless Veterans into permanent housing while simultaneously tackling the legal barriers to housing stability.

⁵ See Homeless Initiative Policy Summit, Policy Brief: Supplemental Security Income & Veterans Benefits Advocacy, page 4.

⁶ See *generally*, Homeless Initiative Policy Summit, Proposed Strategy Brief: Recommendation to Establish a Countywide SSA Disability Benefits Advocacy Program.

- Current policy that prohibits most public and private appointed and accredited Veterans claims representatives from:
 - Obtaining expedited access to VA and military records (e.g., Veterans Claims Folders, Service Treatment Records, and Veterans Health Administration medical records, etc.);⁷
 - Coordinating with Homeless Claims adjudicators to expedite the submission and adjudication of claims; and
 - Accessing VA databases that display the stage of submitted claims (e.g., the database includes the date of the Veteran's Compensation and Pension examination. Failure to attend the examination is a common reason for VA claim denial; however, representatives are not informed of the date and therefore have no meaningful way to assist in Veterans' attendance);

5. Performance can be measured by:

- The number of Veterans who will be served during outreach
- The number of Veterans who will be enrolled into the Program
- The number of Veterans who will initiate applications for VA Benefits or be transitioned to the SSI Benefits Specialist Resource Team when expected VA Benefits receipt would be less than the SSI/SSP rate
- The number of VA/SSI/SSP claims that are approved

6. Potential funding stream(s)

- Department of Veterans Affairs funds, including Grant Per Diem, HUD-VASH, SSVF, and Department of Labor-Veterans Employment and Training Services grants
- California Department of Veterans Affairs funds, including Veteran Housing and Homelessness Prevention funds
- Leverage existing HUD funds to house homeless Veterans
- Leveraging and/or redirecting County General funds from County departments
- City general funds
- Leveraging Medi-Cal dollars for medical and mental health services

⁷ In order to evaluate and prepare a complete application for Veterans Benefits, a benefits specialist must review a Veteran's Claims Folder, military personnel and treatment records, and civilian medical records. Current average wait times for a Freedom of Information Act request for a VA Claims Folder is 6-18 months, for military records is 3-12 months, and for VA health records is 1-3 months. Veteran claims are therefore significantly delayed.